The Lettsomian Lectures
ON
SYPHILIS AND THE NERVOUS SYSTEM.

Delivered before the Medical Society of London,

BY W. R. GOWERS, M.D., F.R.S.

LECTURE III.

PART I.

MR. PRESIDENT AND GENTLEMEN,—To night we pass to the final ends for which we gain our knowledge—the ability to foretell and to control the future course of the malady. The attempt to define our knowledge, which I proposed at the outset as a chief object of these lectures, will have results not, I fear, wholly satisfactory. The progress of science involves loss as well as gain. Where the ground seemed firm beneath our feet, and the path before us appeared smooth, we may suddenly find our footsteps insecure, and that the smoothness was apparent only—an illusion due to too sweeping generalisations. When we come to know thoroughly this part of the region of medical science we are now traversing, we find the ground is broken by exceptions, and we cannot ignore them except at the risk of certain error and equally certain discredit. It is not long since the diagnosis of syphilis as a cause, and the prospect of adequate treatment, were held to warrant a prognosis absolutely favourable in almost every form of disease as produced. Indeed, I am not sure that it is correct to allude to this opinion only in the past tense, if we may judge from the measures some hopeless sufferers are induced to undergo. We see them subjected to course after course of similar treatment, each to supplement some supposed defect in the previous courses; we see methods employed from which it would seem that a drug administered thoroughly in one way is supposed to be still capable of doing more if only it is introduced into the system by some other channel; and we see advice given which suggests a belief that treatment, powerless in England, will be effected abroad. If we are so bold as to recognise the nature of the opinions that must underlie such measures and such advice, we can scarcely believe that the old view is not still powerful, and that, although it may not often make its appearance on the surface as a definite assertion, it must still exist as an undercurrent of thought, perhaps not always consciously admitted. Yet the facts that are within the reach of simple observation suggest a very different conclusion. The scars upon the skin or brow tell us more than the mere fact of syphilis; they tell us unmistakably of the imperfect character of tissue restoration, and that too often the proper elements of a part have perished, and their place is supplied only by cicatricial tissue. The internal organs teach us the same lesson. The fibrous nodule in the liver means a loss of liver tissue perhaps many times the area of the scar, and so with other organs. When such a result occurs in the central nervous system, how can perfect restoration of function be expected or occur? In the liver the effect in loss of function may be inappreciable, but in the nervous system each cell and fibre has its special use, and the loss of a few may have effects on function not only appreciable but conspicuous. In truth, in a very large number of the cases of syphilitic lesions of the nervous system complete recovery of function does not and cannot occur.

And yet also, in a large number of cases, the symptoms pass away entirely, or almost entirely, as the result of treatment. Between entire recovery on the one hand, and entire persistence of the symptoms on the other, we have every degree of partial recovery. The course of the disease, in any given case, may be anywhere between these two extremes; and if we are to foretell it aright, we must recognise this fact, and we must learn where to seek and how to find the indications that will guide us. Every prognosis, therefore, must be a matter of special and individual consideration, just as diagnosis must be. No rule can be laid down applicable to all cases, and the rules that can be made for any groups of cases are limited and partial. In each group, indeed, the general prognosis varies, but in each group also the individual case must be dealt with as a separate problem. So stated, the task of acquiring any adequate prognostic power may seem both difficult and long; but happily the power is easily acquired and its use is simple. I said that "as much individual consideration is needed as in the process of diagnosis," but I should have been nearer the truth had I said that the same individual consideration will almost suffice. Did the statements regarding the process of diagnosis I made in the last lecture appear to you exaggerated? Surely they will seem within the truth when we realise that a full and correct diagnosis is not only essential for, but actually almost involves, the most complete and correct prognosis it is possible for us, under the circumstances, to give. Realise the nature of the lesion; realise that the symptoms depend, not on the specific process, but on the simple effects that are thereby produced in the nerve tissue; picture to yourself the changes that have taken place; consider how long they have existed,—and you have only to ask yourselves how far it is likely that the mechanism of damage can be removed, and how far the nerve elements can recover from the damage they have sustained.

Only the prognosis of the true specific lesions can be now considered. It is only in these that the fact that the disease is due to syphilis has an extensive and considerable influence. The lesions that are doubtfully specific, and those that are not specific in their characters, do not often respond to the special drugs. The specific processes are therefore those in which the prognosis chiefly needs to be studied, and they alone will more than suffice to occupy us. But here, again, we meet at every turn the importance of precision in diagnosis. We must decide the probable nature of any lesion, decide whether it is specific or non-specific, before the specia lquestions of prognosis can be even raised; and we must further decide, as far as we can, the precise specific lesion that exists, before any attempt at prognosis is possible. This done, the prognosis becomes at once comparatively simple. The fact that a separate answer must be given in each case does not involve, therefore, a mental process essentially different from that of diagnosis. The special prognostic element, the process by which we read the future in the present and the past, is much the same in all lesions. In brief, we have a varying diagnostic process, but a prognostic process that only differs in so far as its colour, and not its form, varies with the diagnosis. This, as indeed most of the statements I have made in these lectures, are merely familiar facts in perhaps a fresh form. It is, indeed, strange how far certain principles, when they are definitely grasped, will carry us, and how much they will effect in their various applications. Not seldom a change in the form in which a truth is presented makes it almost equivalent to a new truth. Hence I venture to be so persistent in my reiterations; for repeat I must again and again.

Prominent above all the others in prognosis, therefore, we must remember the two leading principles—by this time, I hope, familiar to you. First, the dependence of symptoms on the simple processes in the nerve elements, and not on the specific part of the lesion. Secondly, the fact that it is the specific process only, on which our special treatment exerts a direct influence. So the first conclusion that we must seize and hold fast is that treatment can never influence the symptoms directly. The simple processes that cause the symptoms are scarcely at all amenable to direct treatment, and not at all to the specific treatment. Hence the utmost we can do is to try and remove the specific process, and so allow the nerve elements to recover, if they can. Here, then, we see the essential principles that must guide every prognosis. Is the specific process such and in such a stage that we can remove it wholly or partially? Is it to be expected that such removal of it as we can effect will be followed by the recovery of the damaged nerve tissues sufficient in degree and extent to permit the return of function, complete or partial? This is the method by which, and by which alone, in every form and degree of lesion, our prognosis must be obtained. The process thus is simple. Its application is not difficult, but it needs the same exactness, the same attention to every step, that we have seen to be requisite in every practical proceeding in connexion with these diseases. No short road can be found here, any more than in diagnosis. We may make each step sure without any extensive special experience, but we can only do so by patient care. Any

senior student who has been properly trained may, in the majority of the cases of syphilitic disease of the nervous system, give a prognosis that shall be nearly as correct as could be given by a physician of large and special experience, and the latter as well as the former can do so only by the same process.

The first question, then, is, How far can the specific process be influenced by treatment? We caught a glimpse in the first lecture of the variations that exist in the susceptibility of the different processes to treatment, and especially of its degree, in several stages. We saw that hyperplasia is the great characteristic of visible specificity, and that it is this element in the process over which treatment has most influence. Inflammation, even when it is due solely to syphilis, seems to vary much in its susceptibility to influence. Here, however, our vision is limited by the fact that we cannot discern during life how much of this apparent inutility of treatment is due to the lack of influence over the specific element and how far it is due to the fact that the nerve elements cannot recover. In chronic inflammation it sometimes seems as if we cannot arrest the true specific processes; but in acute and subacute inflammations the facts we can perceive, and the analogy of similar processes elsewhere makes it probable that the second explanation is the true one, that it is the persistence of the damage, and not of the lesion, which causes the persistence of the symptoms.

The first important consideration, however, is certainly the fact that the tissue formation of syphilis is the element that can be influenced with most frequency, with most certainty, and in greatest degree. It is only in the early period of the process, when the tissue is still soft, that it can actually be made to disappear. When it caseates, it may also disappear, although the removal of the degenerated particles is perhaps not due directly to our treatment. But when and where the process of fibroid transformation has set in, it is doubtful whether our treatment does more than the process. This is a cicatricial process: it is a process of healing of the lesion, and there is no evidence that our treatment does more than hasten it. The tissue that is produced lessens in amount whether we treat the patient or not, but this diminution may be only in the process of shrinkage which all scar tissue undergoes, a shrinkage by which the elements occupy less and less space as they change from the original cells or their original form into inert fibres.

In the process of subacute and chronic inflammation, moreover, the effect of treatment through the specific element is largely dependent upon the amount of new tissue formed, and the stage of development which this has reached. Inflammation causes also a direct damage to the nerve elements. This direct damage to the nerve elements is proportioned to the acuteness of the inflammation. In really acute inflammation it is great, and, moreover, it seems to constitute the chief effective elements of this process. We saw that in such acute inflammation we have no true specific features. Our treatment is only to bring the acute inflammatory process to an end, and if this can be effected speedily enough, there is nothing further for the special treatment to do—there is no new tissue for it to remove. When we have arrested the process of inflammation, all we can do in treatment is to wait while the nerve structures recover, and all that we can do in our prognosis is to endeavour to form an opinion as to whether they can recover or not. But when the inflammation is chronic or when it has lasted long, we have to consider also the tissue formation, the extent to which its removal is possible, the effect which it has produced on the nerve elements, as well as the degree to which they can recover is possible.

These, then, are the chief elements that have to be taken into consideration in forming a prognosis. But, in addition, there is a secondary question, subordinate to the others in actual position, but at least equal to them in importance. This question is, the state of the new tissue in connexion with its relation to the nerve elements. As I have just said, when the fibroid transformation has set in, treatment does not seem capable of removing the new tissue, or doing more than hastening this cicatricial process. But this process involves, as we have seen, contraction of the fibres. If the new tissue merely compresses the nervous structures from one side, this contraction is as effective as absorption in relieving the structures from the damaging compression. But, whenever the new tissue encircles the nerve elements and encloses them, the compression is actually increased by the cicatricial contraction. This, the healing of the syphilitic process, the recovery of the essential syphilitic lesion, means a continuity damage to the nerve structures, and a continuity of the symptoms produced by that damage, and by it alone. After a time, it is true, there is often a further improvement in the symptoms. When the process of contraction is at an end, perhaps even before it comes to an end, the nerve elements seem to be able, in some degree, to accommodate themselves to the new condition of the fibres, and, although greatly narrowed, may yet regain some power of conducting, and often considerable power.

We see a very pertinent illustration of these important facts in the eye, in the case of optic neuritis. It is common for sight to fail more during the process of subsidence of the neuritis than when the inflammation is at its height. The inflammation produces a large amount of new tissue in the substance of the optic nerve at the papilla. This infiltrates the nerve extending between the fibres, and the contraction of this tissue necessarily involves great compression of the fibres. But when the subsidence has become considerable, when most of the swelling has passed away, it is common for some improvement in sight to commence, and often it goes on slowly for many months, and ultimately reaches a very considerable degree. But it is also common when the compression of the optic fibres is great for the ultimate recovery to be incomplete, and occasionally the amount of vision that is regained is even at last very small. In many of the syphilitic lesions of the nervous system the processes which we can see so clearly in the eye, and estimate so accurately by our tests of vision, certainly go on in like manner, and with corresponding effects upon the function of the parts.

Hence it follows that whenever there is reason to suppose that there is new tissue which has begun to undergo, or which has already undergone, the process of fibroid transformation, and that this new tissue is so placed as to surround either the spinal cord, the nerve roots or nerve fibres, our prognosis must be influenced by the considerations I have just mentioned. In all inflammations that are not actually acute there is this new tissue. If the inflammation has lasted for a few weeks before treatment has been effective, we cannot assume that the new tissue will be removed. The amount of new tissue will be proportionate to the intensity, extent, and duration of the inflammation, of which other indications enabled us to judge; and we must consider how far the position of the tissue is likely to entail this encircling compression. Hence, until we can see what influence treatment has upon the symptoms our prognosis must be deferred—at least so far as details are concerned. If improvement is absent or slight, or when when improvement begins to flag, we must expect that the degree of disturbance of function which then remains will for a time lessen only in slight degree or at a slow rate; that a little further improvement may take place in the course of time by the functional adaptation of the nerve elements to their new condition, but that some amount of the impairment of function is not unlikely to remain. We must recognise also the important fact that when once the early and distinct improvement that follows our treatment is at an end, or even when it has distinctly begun to slacken, it is not likely that any further improvement the case will show will be in any degree the result of antisyphilitic treatment. I believe that these general principles are absolutely true. I am sure that their recognition in practical work is of the utmost importance. Their application to any individual case will furnish an accurate and adequate prognosis; and, as I said, this application requires rather care than practice, patience than special knowledge. Thus three points in every morbid process have to be considered: the nature of the tissue in the specific lesion, the mechanism by which the nerve elements are damaged, and the character of this damage. We must consider the nature of the tissue to determine the effect our treatment is likely to have upon it; we must consider the mechanism by which the nerve elements are damaged to determine how far the changes we are able to produce in the specific tissue can relieve the nerve elements; and we have to consider the nature of the changes in these nerve elements to determine whether it is or is not likely that they can recover function if completely relieved from the morbid influence. We have seen that it is by the removal of new tissue that is still in the early stage, by reducing the bulk of such tissue when it is exerting compression, and by checking the pro-

cess of pure inflammation, that our treatment is effective. We have seen that it is when the compression is from one direction that the reduction in bulk of the syphilitic tissue has the greatest effect in releasing the nerve tissues from the influence of the syphilitic process, and that when the new tissue compresses on them from all sides the diminution in its bulk is more than compensated by the constricting contraction of the tissue. A word or two more seems needed regarding the third element—the changes in the nerve elements themselves. In pure acute inflammation, even when due to syphilis, this is the only point to be attended to. In the subacute and chronic inflammation it is secondary to the considerations regarding the new tissue which have just been mentioned. Note, once more, that these changes are simple and not specific, and that it is on these that the symptoms depend. These changes may be the simple breaking up that occurs also in the lesion of pure inflammation, which differs so much from all other processes due to syphilis—the softening of the brain from syphilitic disease of the arteries. The prognosis of this was considered so fully last time that I need not speak of it further. Except in this process of necrosis, and in the very rare pure acute inflammation, I do not think you will find any certain instances of change in the nerve elements in specific processes due to syphilis without a production of new tissue. Secondly, we have the effects of compression already mentioned. Simple lateral compression readily arrests function, but it seems to do so by producing alterations in the nerve elements that can be recovered from to a larger extent than is possible in any other form of damage. When the axis-cylinders persist or not, the fibres seem to be able to regenerate even after they have been exposed to such pressure for months. Lastly, in the damage produced by so-called "hyperplastic inflammation," there seems to be both compression by new tissue and also the alterations that result from the inflammation itself, and which we have already considered. The contraction of tissue that encircles the elements keeps up the compression originally caused by its bulk, and hence this, and also the persistence of the inflammatory changes in the nerve tissue, cause the effects of such hyperplastic inflammation to persist long after the activity of the inflammatory process itself is at an end, and even long after the treatment has ceased to exert any influence over the morbid process.

Except for another point I might with safety content myself with this outline of the general principles of prognosis. Time fails me to illustrate its use, but I may briefly enumerate the general character of the effect which these considerations have upon the special prognosis of the chief kinds of lesion. Afterwards I will mention the one remaining point that has to be considered—the modification of prognosis entailed by the irritation which some lesions cause.

The practical influence of these facts upon the chief lesions is as follows: Syphilitic growths, gummata, can be removed more completely than any other lesion; and, when their influence is exerted by simple lateral pressure, the resulting damage to the nerve structure is recovered from in the most complete degree. Hence in such cases the prognosis is good, unless the duration of the damage is very long and its degree is very great. When the growth infiltrates, however, the problem becomes similar to those met with in some inflammations. In all forms of meningitis the prognosis is good, except in so far as relates to the damage to nerves and nerve roots which are surrounded by the newly formed tissue, and also the damage to the spinal cord when the dura mater is greatly thickened. In all these cases the effects and the symptoms commonly lessen up to the point when the contraction of the tissue comes into operation. The effects of the inflammatory damage and of the early compression lessen, but a residuum remains in most cases, and is increased in some of them, although further improvement is not uncommon; after a time some permanent effects may remain. When there is reason to suspect inflammation of the cranial nerves—syphilitic neuritis,—the prognosis is chiefly influenced by the duration of the morbid process. If the inflammatory products are in such a stage that they can be removed, the prognosis is good if the damaged nerve fibres will recover conducting power. If, however, there is reason to suspect cicatricial transformation of the new formation into fibroid tissue, it is improbable that the degree of improvement will be sufficient to permit severe symptoms to pass away entirely. The same general prognosis is true also of infiltrating growths. In true acute inflammation that is treated early and arrested early, the prognosis is the same as in similar inflammations that are not specific. The recovery or persistence of the symptoms depends on the recovery or persistence of the changes in the nerve elements which are produced by an intense inflammation, and thus are simple and not specific.

The point which I have left to the last is the prognosis of the symptoms of *irritation*, which form so large a part of the manifestations of many lesions. The irritation may be that of nerve fibres causing pain, or that of motor structures in the cortex of the brain causing convulsions. The irritation of nerve fibres is due to the influences of inflammation in the first instance; and, secondly, to the influences of the residual compression I have spoken of, and it has a course analogous to the other effects of this compression. It therefore need not detain us. But the irritation of the cortex which is manifested by convulsions is of great import in relation to the problem of prognosis, and needs special consideration in every case in which its action can be traced. Convulsions are often produced by a syphilitic lesion on the surface of the brain; they may persist after treatment has done all that is possible in removing that lesion. Such convulsions are usually ascribed to a cicatrix on the surface of the brain. They are commonly of local commencement or distribution, and a cicatrix does commonly exist at the spot to which the local commencement points as that in which the "discharge" commences. But general convulsions—always general in commencement—may be the sequel to what seemed, from the symptoms, to be diffuse general meningitis. The theory which is commonly held that a cicatrix causes such symptoms by persistent irritation may be correct, but it is not easy to understand perpetual irritation by a stationary cicatricial process, unless there are such adhesions to the bone as involves repeated and perpetual mechanical disturbance. The facts are equally explicable on the assumption, which seems to me much more probable, that the "discharges" originate from slightly damaged nerve cells, and that the discharging tendency is perpetuated by the residual influence of the discharges themselves. This view is quite consistent with the influence of the excision of a cicatrix in arresting the attacks, since with a scar the removal of the nearest and most unstable cells can hardly be avoided. Be the cause what it may, the effect is certain and important, though the symptoms may persist long after all other symptoms of a cortical lesion, and may even go on to what is, in effect, although not in origin, a variety of epilepsy. These persistent fits are absolutely uninfluenced by anti-syphilitic treatment. Hence their occurrence must always cause a special concern, and should tinge your prognosis with a special caution.

Clinical Address
ON
VARICOCELE, PARTICULARLY WITH REFERENCE TO ITS RADICAL CURE.

Delivered at the St. George's Hospital Hunterian Society,

BY WILLIAM H. BENNETT, F.R.C.S.,
SURGEON TO THE HOSPITAL.

GENTLEMEN,—Although the main object of this address is to call your attention to some points connected with the radical cure of varicocele by means of certain operations, one of which differs in several respects from any I have seen described hitherto, I propose also to offer a few general remarks on this common, and at times irksome, disease, dealing with it from a purely clinical standpoint. For this purpose it is necessary to define precisely what is meant by the term "varicocele." The following definition, then, appears to me to accurately meet the case: "A condition of varicosity of the veins of the spermatic cord, of congenital origin, resulting in or associated with a deficient development or functional imperfection of the corresponding testis in the majority of cases." The varicose condition is always

well marked, and is altogether distinct from that temporary fulness which may from time to time occur in the spermatic veins of any healthy individual from intra-abdominal pressure. Clinically the affection does not come under observation unless the deviation from the normal condition is sufficient to attract attention, either by the size of the affected veins or by the discomfort to which they give rise; and here I may mention, in parenthesis, that the largest varicoceles are not by any means always the most painful, and that a large number of those which you will be called upon to treat will present symptoms altogether out of proportion to the mere size of the varicosity.

In the vast majority of cases the affection is on the left side only; in a certain number it is found existing on both sides; and in a very few instances (I have seen three only) it affects the right side alone. When limited to the left side, the disease may be the only evidence of varicosity in the body; when occurring on both sides, there is always, so far as I have seen, more or less varicosity of the veins of both lower extremities, and each of the three cases I have met with in which the affection was limited to the right side presented evidence of varicose veins in the corresponding thigh and leg.

As to the origin of the disease, I believe it is always congenital. I have heard it stated that constipation will produce the affection, but I doubt that this is susceptible of proof; indeed, I am sure it is not. If it were so, it is surely remarkable that such a small proportion of men of constipated habits should suffer from this disease. Moreover, some of the worse instances of varicocele that I have seen occurred in men whose bowels were most regular in their daily action. Given, however, the congenital tendency, there is without doubt in constipation a factor which will greatly help to exaggerate the condition, and, in some instances, be the sole cause of the discomfort suffered by the patient.

The disease rarely comes under observation before puberty, for the simple reason that it hardly ever causes any discomfort before that period, and its size up to that time is, as a rule, not sufficient to attract attention. It is not infrequently discovered accidentally, and very commonly during the physical examination of recruits for the army and navy. Although the affection generally becomes more marked about puberty, there is, as a rule, so far as I have been able to judge, no discomfort or inconvenience until after the exercise of the sexual functions, excepting in subjects habitually constipated, in whom symptoms may arise at any time. With the objective signs of the disease I need not trouble you long. The elongated, softish, worm-like swelling, partly obscuring the dependent testis, presenting impulse on coughing, admitting of gradual reduction, only to refill from its lower part, in spite of continued pressure at the abdominal ring, diminishing in size spontaneously in the recumbent posture and regaining its usual bulk in the erect position, as it hangs in the long and flabby scrotum, is a condition with which you are all familiar enough.

The symptoms associated with the affection may be arranged in order of frequency as follows:—1. A sensation of dragging or heaviness. 2. Pain, continuous or intermittent, at times amounting to acute neuralgia. 3. A curious condition of mental anxiety. 4. Tenderness.

From what I have seen of this affection, I believe that unless a varicocele becomes troublesome before the age of twenty-five it seldom becomes troublesome at all (except in cases of severe constipation or excessive sexual indulgence) until quite late in life, and then very rarely does any symptom develop excepting in gouty subjects, in whom attacks of acute pain are occasionally seen, due, in all the instances which have come under my notice, to the formation in the varicocele of a gouty thrombus—a condition which, although pointed out by John Hunter long ago, does not receive much attention in your text-books.

It may be well to remark that a certain number of men who have all their lives suffered from varicocele of the painless kind, and who, although aware of its existence, have attributed no importance to the condition, will at that time of life when the sexual strength begins to decline ascribe to the varicocele the loss of virile power, which is in reality merely the outcome of the natural cessation of the sexual function. You will therefore not so very uncommonly be consulted by oldish men on this account, and you will find the process of enlightening your patient as to the real cause of his deficiency a matter of much delicacy. For there is, you may be sure, nothing upon which some men of advancing years are so susceptible as the decline of sexual vigour. In one instance I have seen in a man seventy years of age a rupture of a varicocele. It was said to have happened during a violent effort to pass a hard motion. A large, discoloured, boggy swelling, very slightly painful and tender, was the result. The effused blood was slowly absorbed and no ill result followed. Such cases must, I fancy, be very rare.

In the majority of the ordinary cases there is neither pain nor other discomfort. In a certain number, fortunately not very great, when once the patient is aware of the existence of the unnatural condition of parts, a state of mental distress is the result, which leads to considerable difficulty in the matter of treatment. In such cases, the symptoms most complained of is the occurrence of profuse nocturnal emissions, although in reality these do not happen in all probability more commonly than is usual in the greater number of healthy individuals who lead sedentary lives. A large proportion of cases of varicocele coming for treatment, both in hospital and private practice, is afforded by young men who have been rejected for the army or navy on account of the disease, which in some cases is so extremely slight that it is difficult to see at first sight the necessity for the rejection.

The condition of the testicle on the affected side is a matter of much interest. I believe I am right in saying that in all the instances which have come under my notice the testes have been *smaller* or *softer* than on the healthy side. In spite of this, it is improper to speak of testicles so affected as being "wasted," although this term is still used in such cases by some surgeons. The testicle is not "wasted," for the reason that it has never been properly developed; it has, in fact, in most instances been checked in its growth by the disturbance in the circulation which follows upon the increase which occurs in the varicocele about the time of puberty. In some cases there may be congenital imperfection in the testis itself. At all events, the term "wasting" is a misleading one, since it would imply, in the ordinary meaning, a retrogression from a perfect state. The condition of the testis is one of arrested or deficient development in the true sense. Although the testis is, as I have said, often smaller than that on the sound side, the patient, as a rule, considers it larger than natural in consequence of the massing of the tortuous veins around the gland. The surgeon, however, can hardly be thus deceived, although I have seen two instances in which a very hard collection of small varicose veins about the upper part of the epididymis did simulate very exactly an enlargement of the testis. The condition must be very unusual, and I merely mention it to show that a minute examination is necessary in these cases to determine the precise state of the organ.

There is good authority for stating that the testicle in varicocele is not infrequently impaired in function, at all events when the disease is advanced; indeed, it is stated that in many cases the secretion of spermatozoa is arrested. This, although of no vital importance when the disease is single, obviously becomes a serious consideration with reference to treatment when the affection exists on both sides, since it may then entail sterility on the part of the patient. It is therefore satisfactory to know that after the "cure" of the varicocele by operation the testicle in the majority of instances assumes its natural size and consistence, and goes on to the secretion of a seminal fluid different in character from that produced before the treatment. I was once assured by a patient who had been the subject of double varicocele that, after one side had been "cured," the seminal discharge, which before the operation had been scanty, thin, and watery, became in the course of a year altogether thicker in consistence and more abundant. My colleague, Mr. Rouse, also informs me that he has had recently under his care a patient with double varicocele in whom there was no evidence of any seminal secretion at all until after the varicoceles had been treated by operation, when by degrees the testicles assumed their natural size and activity. With regard to the treatment of ordinary cases, it is obvious from what I have said that the majority of these require merely a little management of a very simple kind, the wearing of an adequate suspender and the avoidance of anything like constipation being all that are necessary. It is quite curious how little care seems, as a rule, to be taken to provide patients with really appropriate suspenders. I suppose the matter must often seem too trivial to deserve attention; nevertheless, the patient's whole comfort not infrequently depends upon these appliances. Suspenders should be

fitted to patients like trusses and other similar apparatus. The greater number of those sold by the instrument makers are, so far as I have seen, comfortless, uncleanly, and expensive. Personally, I know of nothing so effective as the old-fashioned washable linen suspender, made merely of a boat-shaped piece of linen, which hangs hammock-like from two tapes, one attached at either end; in this the scrotum and its contents swing most happily. The arrangement combines the requisites of comfort, cleanliness, and economy to a degree possessed by none of the more elaborate contrivances commonly employed. From the use of trusses, as recommended by some, I have seen no benefit derived—excepting, of course, in cases of varicocele associated with hernia. Patients suffering from mental distress of the kind already mentioned in connexion with this affection may sometimes be entirely relieved from their anxiety by judicious explanation and assurances from the medical attendant, but unhappily a good result is not always so easily attained. In some of the more obstinate of these cases medical treatment will be necessary. Personally, I have found nothing so useful as a pill containing phosphate of zinc and nux vomica, which I prescribe to be taken twice daily; occasionally valerianate of quinine and nux vomica may be substituted with advantage. The various bromides which are recommended in such cases have proved in my experience useless.

In a certain number of these difficult cases, so fixed in the mind of the sufferer is the belief that his disease is of vital importance that nothing short of an operation on the varicocele will give the relief he seeks. Now, although the surgeon is naturally reluctant to operate on cases in which the local condition is in reality of so little importance in itself, as it usually is in the class of case I am now considering, yet under these special circumstances I think it is his duty to operate if the patient desires him to do so, selecting that operation which in his opinion subjects the patient to the least risk, bearing in mind that it should be one which will effect some decided alteration in the varicocele; for these patients are exceedingly acute and often suspicious, and would in all probability not accept as sufficient any operation which did not produce a change in their condition easily visible to themselves. If the operation, however, effects the change just indicated, the "cure" of the patient both mentally and bodily is fairly certain. If, on the other hand, the surgeon declines to accede to the patient's wishes in the matter, the mental condition becomes exaggerated, and, indeed, not far removed from insanity, in which a suicidal tendency is apt to arise.

Here I ought, perhaps, to mention that I have been assured by two intelligent patients of the class now under discussion that they had derived distinct benefit from electricity. Although I see no reason to distrust their evidence, the treatment is one which, without further and extensive practical experience, I should not feel disposed to advocate; for, manifestly, unless applied with the greatest possible skill and discretion, it might be productive of evil rather than good.

The radical cure of varicocele by operation, to the consideration of which I now come, may be a proceeding of mere expediency or of necessity. I am speaking, of course, entirely from the point of view of the surgeon, for it is almost needless to state that what may at times appear only expedient to the surgeon may seem necessary to the patient, and *vice versâ*.

The cases in which operation is expedient are the following. 1. Cases in which varicocele has led to the rejection of candidates for either of the services on account of physical imperfection. 2. Cases in which the mere size of the varicocele is sufficient to lead to risk of injury, or causes enough inconvenience to make the patient seek relief. 3. Cases of double varicocele with marked impairment of testicular function in which the cure may be undertaken for the purpose of allowing the development of the proper physiological activity of the testes.

Operation may be rendered necessary by the following symptoms. 1. Pain, whether continuous or intermittent, which yields neither to general management nor medical treatment. 2. Tenderness, whether general or local (excluding, of course, cases of thrombus and inflammation). 3. Rapid increase in the size of the varicocele, independent of causes outside the disease itself—e.g., constipation, hernia, pressure of abdominal tumours, &c. 4. Mental anxiety of the kind previously referred to, which cannot be influenced by the treatment I have indicated.

The radical cure of varicocele may be effected by certain operations which are roughly divided into two classes: viz., the "subcutaneous," by which obliteration of the veins is attempted without actually exposing them in the process; and the "open" method, in which the veins are first formally exposed by dissection, and then dealt with in one of a variety of ways to be described later on.

The "subcutaneous" operations consist mainly of two kinds, in one of which it is sought to effect the occlusion of the veins by the passage of a ligature or ligatures around them, beneath the skin, by means of an ordinary needle, or by some instrument, such as that of Keyes, especially designed for the purpose. The ligature may be of silk, tendon, catgut, metal, or elastic, and may be left buried in the soft parts to remain permanently, or in the case of catgut with a view to its early absorption. If the metallic or elastic ligature be used, it may be so arranged in either case that it may cut its way out, thus ensuring the complete obliteration of the veins included. In the second variety of the "subcutaneous" method the obliteration of the veins is sought to be more certainly attained by the division of the varicocele by means of a thin knife (phlebotome) introduced through a small opening in the skin, the veins having been previously ligatured or temporarily compressed between a harelip pin and figure-of-8 ligature or some similar arrangement, above and below the point at which the division is intended. Upon the details of these subcutaneous proceedings it is not my intention to dwell; for, although I am informed that they are still practised by some surgeons, I have long since come to the conclusion that they are in all respects inferior to the open operation. I do not, of course, wish you to infer that I think that varicocele may not in some cases, especially those in which the disease is slight, be cured by the subcutaneous plan. The method is, however, in my opinion, open to objection chiefly on two accounts: the first of which is the uncertainty of its results; the second is the occasional risk, entirely beyond the control of the surgeon, which occurs in the performance of the operation. The uncertainty in the result, to which may be attributed a considerable percentage of cases in which recurrence of the disease occurs, is due to the great difficulty which sometimes presents itself in including with absolute certainty in the ligature all the affected veins—a proceeding positively essential for the cure of the disease, for it is necessary to bear in mind that the veins are not disposed with invariable uniformity, but that there are often small radicles lying outside the general mass, which if not included in the ligatures will almost certainly lead to recurrence. Again, in those cases in which the cure is attempted by the division of the veins subcutaneously between two temporary ligatures, it is admitted to be by no means easy to be sure that all the veins have been divided, and it is manifest that if any veins escaped the knife a recurrence of the affection would be more than probable. The risk to which I have referred as being more particularly connected with the subcutaneous operation is the possibility of one or more veins being transfixed in the process of encircling the varicocele with a ligature. This accident, which in an irregular disposition of veins may occur to the most expert of operators, may not necessarily be of importance; nevertheless, it does at times lead to disastrous consequences, as I have seen in one case especially, although fortunately it did not occur in my own practice.

The "open" method compares favourably, in my opinion with the "subcutaneous" plan of treatment. It is simple in practice, certain in result, and in the hands of any surgeon who is reasonably attentive to detail, and who observes ordinary antiseptic precautions, there is, I believe, no risk of any kind directly connected with the operation; at all events, if there be risk it is avoidable. As has been already mentioned, the essential part of the open method is the formal exposure by dissection of the portion of the varicocele about to be subjected to the operation for the radical cure. The obliteration of the veins thus exposed is then ordinarily accomplished by one of the following procedures: (1) The encircling of the veins by a single ligature; (2) the complete division of the veins between two ligatures; (3) the excision of a portion of the varicocele previously included between two ligatures. Of these operations, Nos. 1 and 2 may be considered together. By the performance of either, it is, without doubt, possible to secure the complete obliteration of the affected veins at the point of ligature. I have, however, met with one case in my own practice in which there

was speedy recurrence of the varicocele after the application of the single ligature. The result was, I suppose, due to the ligature, which was of chromic gut, having dissolved before the sealing of the veins at the point of ligation was completed, and may be easily avoided by the use of a more resisting structure for securing the veins. Tendon is probably the best material available for this purpose. It can, however, hardly be doubted that the complete division of the varicocele between two ligatures, as is done in the operation No. 2, affords an additional means for the avoidance of failure in effecting the permanent occlusion of the vessels. Either of these proceedings is admirably adapted for the treatment of varicoceles in which the veins are small, and the cord only very slightly elongated. Both, however, are wanting in a factor which, in my judgment, is essential to any operation for the immediate cure of cases in which the veins are long and large and the testes greatly dependent. Operation No. 3 does to a certain degree meet the requirement to which I have referred as being absent in Nos. 1 and 2, since the excision of a considerable portion of the varicocele between ligatures results in some shortening of the elongated cord *if the testis is effectually supported for a long period*, but this shortening is only produced by the contraction of the material effused about the divided parts, and, be it noted, is, so far as the intention of the surgeon is concerned, to a great extent accidental, for I can find no record of this operation having been performed deliberately for this especial purpose; and even if it be so performed, the result is indirect, very gradual, and entirely owes its ultimate success to long-continued support from suspenders or something of the kind.

This, then, brings me to the point to which I particularly wish to call your attention. In my opinion, no operation for the cure of these long varicoceles is perfect unless it includes some proceeding planned deliberately for attaining an immediate and permanent shortening of the cord, with the object of relieving the patient from the necessity of wearing some form of external support for a long period, as well as ensuring an immediate freedom from the discomfort of the dependent testes, which is not only inconvenient in itself, but tends to the recurrence of various symptoms, unless the support of a proper suspender be continually afforded. With the object of deliberately effecting this direct result, I have been in the habit for some time, as many of you have seen, of performing the operation described below, which may be adopted, not only in cases of great elongation of the cord, but in most instances in which the abnormally low position of the testis is at all marked; in fact, whenever shortening of the cord is likely to be beneficial. In severity, the proceeding is exactly on a par with the ordinary open operations, but convalescence is more rapid, and the ultimate result undoubtedly better. The precise extent of the varicocele which it is desirable to resect in any given case, is best determined by placing the patient in the standing position, and roughly estimating with the eye, or, better still, by measuring with a tape the degree of elongation of the cord: for instance, should the testis be three inches lower than normal, then certainly not less than three inches of the veins should be included between the two ligatures, as it will be desirable to excise at least two inches and a half.

Details of the operation for the radical cure of varicocele by excision of a portion of the veins and immediate shortening of the cord.—The patient having been anæsthetised, the veins are made prominent and put somewhat on the stretch by grasping the varicocele between the fingers and thumb of the left hand, care being taken at the same time that the vas deferens is pressed back out of the way of harm. Through the skin, over the veins thus rendered prominent, an incision is made which in no case need exceed an inch and a half in length. One or two touches of the scalpel will now suffice, the veins being pressed well forwards to expose the thin fascia (immediately surrounding the varicocele), through which the vessels can be clearly seen. The knife is now laid aside, the veins not having been actually *denuded*. By means of an aneurysm needle or eyed probe a thoroughly carbolised tendon is passed round the fascia referred to with its included veins, and drawn down to a point as near the testis as is thought proper; it is then securely tied, the ends being left long. The varicocele above this ligature is then freed, together with its sheath, from the surrounding parts by a few sweeps of the finger for a distance sufficient to allow of the length previously decided upon as approximate for excision to be drawn out of the wound. A second tendon is now passed around the upper end of the freed veins and tied in a *single knot* only, which is kept tight by an assistant. The portion of the varicocele included between the ligatures is divided above and below, about a quarter of an inch (not less) from the corresponding ligature and removed. The upper ligature is then finally tightened and its knotting completed, the ends being left long as before. The wound having been freely irrigated with warm sublimate solution and all bleeding (be it ever so slight) arrested, the cut ends of the stumps left by the division of the varicocele are brought together and retained in permanent apposition by knotting the ends of the upper ligature to those of the lower, thus at once raising the testis to about its natural level. The ligature ends are now cut off quite short and the operation is completed. The edges of the skin fall together, there is no need for either suture or drainage tube, and all that remains necessary is the careful application of the antiseptic dressing. By leaving the sheath of fascia which immediately surrounds the varicocele intact, and including it, with the veins, in the ligature, two objects are attained: (1) the certainty of passing the tendon around all the affected vessels, as none of these ever lie outside the fascia; and (2) the prevention of any material chance of recurrence of the abnormally dependent position of the testicle, which is probable if the veins are actually denuded before the ligatures are applied and the stumps brought together in the manner described, since it is manifest that the weight of the testis would tend to drag the veins considerably out from the sheath above, whereas this fascia, if included in the ligatures, not only obviates this tendency, but, in fact, also carries the weight of the dependent organ without stretching to any appreciable extent. The postponement of the final tightening and knotting of the upper ligature until after the division of the veins is a point of importance, as there is some risk, if the tying be completed before the division, that the shrinking of the veins which follows the escape of blood contained in them may result in the ligature becoming sufficiently loose to allow of an oozing of blood into the wound, and indeed may possibly, as I have once seen, permit the stump to escape from the ligature altogether, in which case the primary object of this particular operation would be defeated. Every care must be taken to avoid any possibility of oozing into the parts around the stumps, as the formation of a clot in the wound delays the healing and greatly prolongs the convalescence. Although the tying together of the ligatures in the way mentioned is always, so far as I have seen, sufficient to keep the stumps in contact, a fine gut suture may, if thought necessary, be passed through the extreme edges of the cut surfaces of the stumps on the side remote from the ligature knots. Very accurate apposition is not, however, absolutely necessary, as the union of the parts is effected through the medium of the callus which is thrown out around them, rather than by any direct adhesion of the cut surfaces. It is hardly needful to state that all manipulation of the veins must be confined to the parts lying between the two ligatures, as any injury to the vessels beyond the constricted points, whether above or below, is an element of risk. If the details of this procedure as described above are carefully carried out, the subsequent course of the case is simple and uninterrupted. In four or five days the wound has, as a rule, healed, and the approximated stumps are surrounded by a mass of callus. At the end of a week the patient may usually be allowed out of bed, and although the swelling about the cord does not entirely disappear for perhaps a month, any ordinary occupation may be resumed in fourteen days or thereabouts. Upon the absorption of the callus nothing abnormal is perceptible to the touch but a very slight circumscribed hardness, which remains permanent, around the ligature knots. A suspender is worn up to the time of the disappearance of the swelling, and then finally discarded, leaving the testis well braced up in its natural position with the scrotum accurately adapted to it no matter how long and flabby that structure may have previously been. Little or no pain follows the operation, but during the first fortnight there may be some œdema of the scrotum and the testis is generally slightly tender. I have seen no real orchitis, nor has there been, in my cases, suppuration about the wound or any constitutional disturbance. I am not acquainted with another method so rapidly producing a "cure," which may fairly be called "radical." With a view to obviating the abnormally dependent position of the testis in varicocele by the provision of a natural suspender, the operation of shortening the scrotum by excising a portion of the skin and dartos was at one time extensively

practised in this country, where it has now very properly fallen into disuse. As, however, it is still to some extent adopted on the Continent and in America, a word of comment is necessary. The proceeding is useless in practice and unsound in theory, since it is based on an entire misapprehension as to the functional relation of the scrotum to the testes—a point of some interest, concerning which it is only necessary, for my present purpose, to say that, to whatever degree the scrotum may be diminished in size by operation, it will again rapidly become stretched until a length is acquired which will be determined by the lowest point attainable by the testis as it hangs at the end of the elongated cord. On the other hand, if the testicle is raised by shortening the cord, the scrotum will, be it ever so long and flaccid, spontaneously contract and accurately adapt itself to the testicle in its new position.

Address
ON
LONDON, ANCIENT AND MODERN, FROM A MEDICAL POINT OF VIEW.[1]

Delivered to the Medical Society of University College,

BY G. V. POORE, M.D., F.R.C.P.

(Continued from p. 213.)

THE time was now at hand when the first step was to be taken to give the profession a position of independence, and to allow it to regulate its own affairs without reference to ecclesiastical dignitaries. We owe this in all probability to Thomas Linacre, who possesssd the confidence of Cardinal Wolsey, and probably also of the king. Be that as it may, on September 23rd, 1518, letters patent were granted constituting the Royal College of Physicians. By this instrument the College was given the control of all medical practitioners in London and within seven miles of it, and none were to be allowed to practise unless previously examined by the College. Four years later these powers were extended to the whole of England, except in the case of University graduates. The charter and subsequent Act gave ample power to the College to regulate its affairs, and accorded privileges and exemptions to the physicians similar to those previously accorded to the surgeons. The great fact, however, was the power of controlling the profession, and it must be remembered that the censors had power to fine and imprison delinquents. In Henry's charter six persons were named—viz., John Chambre, Thomas Linacre, Ferdinand de Victoria, Nicholas Halsewell, John Francis, and Robert Yaxley, and it will be interesting to consider the personality of some of these founders of the Royal College. The real founder and first president was Thomas Linacre, who was born in 1460. Having graduated at Oxford, and become a Fellow of All Souls in 1484, he went abroad in 1485, and visited Bologna, Florence (where he enjoyed the friendship of Lorenzo de Medici), Rome, Venice, and the famous school of Padua (where he took the degree of M.D.). In 1501 he was appointed physician and preceptor to Prince Arthur, and also physician to Henry VII. He was also physician to Henry VIII., and it is recorded that he was consulted by many men of note, notably Cardinal Wolsey and Erasmus. He took holy orders in 1509, and the same year was presented to the rectory of Merstham, then became prebend of Wells (1510), rector of Hawkhurst (1510), canon of St. Stephens, Westminster, prebend of York (1517), precentor of York (1519), rector of Holsworthy, Devon (1518), and rector of Wigan, Lancashire (1520). This list of eight clerical benefices in almost as many years—benefices which were probably given as professional fees, and which were probably passed on, as soon as given, to a successor "for a consideration"—throws a curious light on the state of the Church, and helps us to understand the crash which was so soon to come. It is interesting, as showing the origin of the medical within the clerical profession, to remember that the first President of the College of Physicians was the rector of four parishes, the occupant of two prebendal stalls, a canon, and a precentor. We all owe a debt of gratitude to Linacre. He not only obtained the charter for the College, but gave his house in Knightrider-street (which is a street running parallel to part of Queen Victoria-street, E.C.) as a meeting-place for the new corporation. All who are competent to judge seem agreed in stating that Linacre was one of the greatest scholars of his age, and possessed a knowledge of Latin and Greek which for that time was quite exceptionally great. He founded lectureships at Oxford and Cambridge. He died in 1524, six years after the foundation of the College, and was buried in Old St. Paul's, where in 1557 Caius erected a monument with an epitaph of his own composing. Of John Chambre, the first person named in the Charter, we know little; but it is interesting to note that he was a Fellow of Merton College, Oxford; that he studied at Padua; that he was physician to the king; that he was censor of the College in 1523; that he was doubly a vicar, doubly an archdeacon, a prebend, a canon, and a dean, and the treasurer of Bath Cathedral. He died in 1549. Of the other four persons named in the Charter we know very little, and they need not detain us. Linacre's house, which was given by its owner, was the first home of the College of Physicians, was occupied by the College until 1614, and remained the property of the College until 1860, when it was taken for the Crown by an Act of Parliament. Only the front part of the house was given by Linacre, the back part belonging to Merton College, Oxford, which is one of the many connexions between Merton College and the College of Physicians.

We have thus seen the science of medicine in London beginning with the clergy, then organised under the supervision of bishops and deans, and finally with an independent controlling body, of which the early members were many of them in holy orders. It will now be convenient to trace the subsequent history of the College of Physicians, and I shall endeavour to bring before the mind's eye some of its most remarkable early Fellows, and in so doing I shall hope to give some idea of the condition of medicine in London in the days of the Tudor and Stuart sovereigns. My information on these points is mainly drawn from Dr. Munk's learned work, entitled "The Roll of the Royal College of Physicians of London."

A very prominent figure in the early history of medicine in London is John Kaye, or Caius, as he called himself, well known, by name at least, in connexion with Gonville and Caius College, Cambridge, which he enlarged and endowed. Caius was born in 1510, and studied at Gonville Hall, Cambridge, which was ultimately to be better known by his own name. He went to Padua in 1539, and lived in the same house with the celebrated anatomist, Vesalius. He became professor of Greek at Padua, and took the M.D. there in 1541. He became F.R.C.P. in 1547, and settled in London in 1552. He was president of the College in 1555. He was physician to Edward VI., Mary, and Elizabeth, but he is said to have been removed from the latter position because of his Romish tendencies. He died in 1573 at his house in Bartholomew-close, and was buried in the chapel of Caius College, with the epitaph "Fui Caius." Caius was certainly rich, as is shown by his splendid munificence at Cambridge. Although he was much occupied at Cambridge in the latter years of his life, he was frequently re-elected to the presidency of the College, the last time being in 1571. The frequent re-election of a president, who was latterly much of an absentee, may have been from the hope that the College would ultimately obtain some of his great wealth, but, if this were so (of which indeed there is no evidence), the College was doomed to disappointment. Caius appears to have had great regard for form and order. He was the inventor of the insignia of office—the silver wand, the Book of Statutes, and the cushion,—which are still used by the president of the College. On the occasion of the funeral of Dr. Bartlot in 1556, we learn that the College attended in state, and that the Book of Statutes, adorned with silver, was carried before the president. Caius was very punctilious about the respect to be paid to the dead, and we find it laid down in the statutes of Caius College that the president, fellows, and students are to attend the funerals of subjects used for

[1] Considerable additions have been made to this address since its delivery.

dissection with as much reverence and pomp as though it were the corpse of some more worthy person, because of the advantage which they had derived from it. Caius kept the accounts of the College with great accuracy, and in 1560, on the termination of his first six years of office, handed over the whole of the funds to his successor, amounting to £55 13*s.* 3*d.* He wrote out the annals of the College with his own hand, and thus did much to establish order in the proceedings. His love of what we should call "ritual" seems to have got him into trouble in his later years, and a large amount of material connected with religious ceremonial, which was found in Caius College, was burnt by order of the vice-chancellor. Caius was a profound scholar, and edited many of the writings of Galen, Celsus, and Hippocrates. He was also a naturalist, and wrote a treatise on British dogs. His only original medical work was a "Boke or Counsel against the Sweat"—a treatise, in fact, on the sweating sickness. Strangely enough, the first edition was in English, but its ultimate appearance was in orthodox Latin. He was much concerned about the faulty pronunciation of Latin in this country, and tried to introduce the continental method of pronouncing the vowels, to which he had become accustomed during his long residence abroad. He was something of an antiquary, and proved to his own satisfaction that the University of Cambridge was founded by "Cantaber," B.C. 394. He defended the privileges of the College, and in a case tried before the Lord Mayor in the reign of Elizabeth as to the right of surgeons to give internal remedies for the sciatica, French pox, &c., the evidence of President Caius seems to have convinced the Court that they had no such right. The name of Caius is inseparably connected with the teaching of anatomy in this country. When King Henry VIII. in 1540 gave the charter to the Barber-Surgeons (of which I shall have more to say hereafter), the following important clause formed part of the charter: "The said masters or governors of the mystery and commonalty of barbers and surgeons of London and their successors yearly for ever, after their said discretions, at their free liberty and pleasure, shall and may, have and take without contradiction, four persons condemned, adjudged and put to death for felony by the due order of the King's laws of this realm, for anatomies, without any further suit or labour to be made to the King's Highness, his heirs and successors for the same." When the first anatomy lectures were given at Barber-Surgeons' Hall is not quite clear; but according to South it was before 1563, and according to Sir George Baker Dr. Caius was the first lecturer appointed, and this appointment was made shortly after his return from Italy, which was in 1547. It was during Caius's lifetime, and while he was taking an active interest in the College, although not actually president (namely, in 1565), that Queen Elizabeth accorded to the physicians facilities with regard to anatomy similar to those enjoyed by the barber-surgeons; and it is evident from the statute of Caius College which I just now read, and which has been kindly brought to my notice by Mr. Ransom, that Caius made proper arrangements for the teaching of anatomy in connexion with his Cambridge foundation. Anatomy is the very groundwork of medicine, and without it it can have no existence as a branch of science. Undoubtedly we owe a deep debt of gratitude to the Barber-Surgeons, to the College of Physicians, and to Dr. Caius. I cannot dismiss this remarkable man without further illustrating his character by recalling three events which took place at the College during the time that Caius was president. In 1558, Christopher Langton, M.D., F.R.C.P., was expelled the College for "rashness, levity, and foolish contentions with his colleagues at consultations, as well as for incontinency." Five years later, for this latter failing, this worthy "was carted through London in a ridiculous attire." In 1559, John Geynes, M.D., F.R.C.P., was cited before the College for impugning the infallibility of Galen. On his acknowledgment of error and humble recantation he was received into the College. In 1556 the College objected to the admission by the University of Oxford of one David Laughton, an illiterate coppersmith. The College laid before Cardinal Pole and the visitors the following instance of his illiteracy: "Cujus infantia, cum suggessit ut quomodo *corpus* declinaretur, exigeremus, respondit *hic, hæc,* et *hoc corpus* accusativo *corporem,*" adding "egregius certe ex universitate medicus cui humana vita committeretur." This objection was successful. Clearly formal President Caius was not the man to countenance loose morals, heterodoxy, or bad grammar. We must not dismiss Caius without alluding to the Dr. Caius of Shakspeare, as drawn in the "Merry Wives of Windsor." Shakspeare's Caius is described as a French physician, and throughout the play he is made to speak broken English. Caius died in 1573, when the poet was ten years old, and it is very probable that Shakspeare borrowed the name without thinking of the man. On the other hand, it must be remembered that Caius probably spoke Latin like a Frenchman and that he lost favour at the court of Elizabeth, and it is possible that Shakspeare may have heard him held up to ridicule.

But to proceed with the history of the College and its relations to medical education. In 1581, Dr. Caldwell and Lord Lumley founded the Lumleian Lectures on Anatomy and Surgery, and the importance of this foundation will be appreciated when it is stated that Harvey was Lumleian lecturer from 1615 to 1656, and that it was in these lectures that the great fact of the circulation was first demonstrated. In 1587, we find the College renting a garden for forty marks a year, and engaging John Gerard, the author of the well-known "Herbal," to keep it stocked for them with rare plants. Gerard himself had a garden in Holborn, where among other things he propagated the potato.

William Gilbert, who was president of the College in 1600, was the first really scientific Fellow. He was physician to Elizabeth and James I., and his great work on magnetism, "De Magnete Magneticisque Corporibus et de Magno Magnete Tellure, Physiologia Nova," commanded the admiration of Bacon and Galileo, and of many succeeding generations of scientists. It is a work worthy of being placed alongside of Harvey's work on the Circulation, and the College of Physicians is honoured to have reckoned him among its presidents. The importance of Gilbert's investigations to a great naval Power seems to have been recognised by Queen Elizabeth, who, to her great honour, assisted him with a pension. He died in 1603, aged sixty-three, and was buried at Colchester. He was the contemporary of Shakspeare and Bacon, and was one of those who helped to make the Elizabethan era the wonder of all subsequent generations.

The post-mortem examination made on the body of James I. is an interesting record of the state of Pathology in 1625. It is recorded "that the head was found so full of brains that they could not keep them from spilling—a great mark of his infinite judgment; but his blood was wonderfully tainted with melancholy, and the corruption thereof was the supposed cause of his death."

I have now to mention the man who, above all others, has tended by his work to make medicine a science, and who probably did much by his lectures at the College to disseminate a knowledge of anatomy and physiology. Harvey was the first English physiologist, and lectured for forty-one years at the Royal College of Physicians on anatomy and surgery. William Harvey (1578–1657) went to Padua in 1598, and studied under Fabricius, Minadous, and Casserius, and took his M.D. in 1602. He came to London in 1604, became F.R.C.P. in 1607, and succeeded Dr. Wilkinson at St. Bartholomew's in 1609. He was Lumleian lecturer in 1615. He expounded (as is supposed) the doctrine of the circulation in 1616, and finally published his views in 1628. He was physician to James I. in 1618(?). In 1638 he was appointed physician in ordinary to Charles I., and there is a curious order in the letter-book of the Lord Steward's office for the settling a "diett of three dishes of meat and meale with all incidents thereunto belonging upon the said Dr. Harvey," which daily "diett" was subsequently commuted for £200 a year. Harvey followed the fortunes of the king, and was at the Battle of Edgehill in 1642. Meanwhile his house in London was plundered of goods and anatomical records. He became warden of Merton College, Oxford, in 1645, from which post he was ousted by the Parliament in 1646. By the solicitation of Sir George Ent he was induced to publish his work on Generation in 1651. He gave a new library and museum to the College of Physicians in 1653, whereupon the Fellows placed his statue in their hall, and (in his absence) elected him president in 1654, which honour, however, he gracefully declined, and recommended the College to elect Dr. Prujean instead. He remained Lumleian lecturer until 1656, when he resigned, and presented the College with his patrimonial estate at Burmarsh, Kent. He died of the gout in 1657 in his eightieth year. In his will he says: "I give to the College of Physicians all my bookes and papers, and my best Persia long carpet, and my blue satin embroyedyed cushion, one pair of brass and

irons, with fireshovell and tongues of brass, for the ornament of the meeting-room I have erected for the purpose. Item, I give my velvet gown to my loving friend Mr. Doctor Scarborough, desiring him and my loving friend Mr. Doctor Ent to looke over those scattered remnants of my poore librarieie, and what bookes, papers, or rare collections they shall think fit to present to the College, and the rest to be sold, and with the money buy better." Thus, it will be seen that Harvey is not only the greatest ornament of the College, but also its greatest benefactor. He was the second in order of time of the great lights of science connected with the College, Gilbert being the first. His will is interesting from the choice of his executors, who were both Fellows of the Royal Society and leaders of science; and, secondly, by the mention of the velvet gown, which possibly is the one represented as worn by Sir C. Scarborough in the picture at Barbers' Hall. I abstain from any mention of Harvey's great discovery, because we all know it and appreciate it, and no words of mine could increase your admiration.

I may here mention that in 1614 the house in Knightrider-street had become too small for the business of the College, and accordingly new premises were taken on lease from the Dean and Chapter of St. Paul's at Amen-corner, at the end of Paternoster-row. A botanical garden was planted and a theatre was built, and here it was that Harvey made the College a present of a great parlour and a museum, which he erected at his own cost. The garden extended from the Old Bailey to the Church of St. Martin, Ludgate, and included the site of the present Stationers' Hall. The museum and library soon became enriched by many contributions, the greater part of which were, however, unhappily destroyed by the fire in 1666.

Dr. Goulston (F.R.C.P. 1611) founded by will the Gulstonian Lectures, to be read "between Michaelmas and Easter by one of the four youngest doctors of the College." Sir Theodore Mayerne (F.R.C.P. 1616) was by birth a Swiss Protestant, and, after serving as Physician to Henry IV. of France, settled in London, where he became Physician to James I. and his Queen, and subsequently to Charles I. He was the fashionable physician of his day, and was one of the first to use chemical medicines, which was looked upon as heretical by the strict Galenists, who used only "simples," drawn from organic nature. He introduced calomel and blackwash, wrote the dedication to the first edition of the Pharmacopœia Londinensis (1618), accumulated great wealth, and died at Chelsea in 1655. Sir Charles Scarborough succeeded Harvey as Lumleian lecturer, and was lecturer on anatomy to the Barber-Surgeons. He was physician to Charles II., James II., and William III., and was a great mathematician. Baldwin Hamey, jun. (F.R.C.P. 1634), a devoted Royalist and Churchman, enjoyed a lucrative practice among amorous Parliamentarian Puritans. He presented the lease of the College in Amen-corner to his colleagues (1651), contributed largely to its rebuilding after the fire, and left it a considerable landed estate near Ongar, in Essex. Francis Glisson (F.R.C.P. 1635), Regius Professor of Physic at Cambridge, was president of the College in 1667–8–9. He wrote a treatise on Rickets, was a serious anatomist, wrote a treatise on the Anatomy of the Liver, and has given us "Glisson's Capsule" as a record of his industry and talent. He was one of the original members of the Royal Society, one of the few of the Fellows of the College who stopped in London during the plague. He was a friend of Anthony Ashley, Earl of Shaftesbury. We are indebted to Dr. Glisson for positive additions to our knowledge of the human body, and he is to be regarded as the third in order of time of the scientific Fellows. Thomas Wharton (F.R.C.P. 1650), Thomas Willis (F.R.C.P. 1664), and Richard Lower (F.R.C.P. 1675) were three earnest and distinguished anatomists, who added new facts to medicine, and whose names are still enshrined in our anatomical nomenclature.

(To be continued.)

THE GERMAN HOSPITAL IN LONDON.—At the annual meeting, the report, which was unanimously adopted, described the hospital as being in a flourishing condition. The in-patients during last year numbered 1449, and the out-patients over 22,000. The ordinary receipts had been £9201, and the expenditure £9246. In addition, legacies amounting to over £3000 had been received. The hospital's festival had yielded a profit of £3367, or £404 above the previous year's festival.

A CASE OF RELAPSING TYPHLITIS TREATED BY REMOVAL OF THE VERMIFORM APPENDIX.

BY FREDERICK TREVES, F.R.C.S.,
SURGEON TO, AND LECTURER ON ANATOMY AT, THE LONDON HOSPITAL;
AND
JAMES DODD SWALLOW, M.D., M.R.C.S., L.S.A.

THE patient in the present case was a gentleman aged twenty-nine, tall and of spare build, leading a healthy life, and of very regular and simple habits. He had always enjoyed good health, and there was nothing in his previous history or in the medical history of his family to call for comment. He had never been the subject of constipation, and, with the exception of some slight attacks of indigestion, he had been all his life singularly free from intestinal troubles. On Dec. 7th, 1887, he was seized with a chill on leaving a crowded public meeting. The hall had been very hot, and a cold east wind was blowing. In spite of a brisk walk of two miles, the patient could not recover his normal warmth. On reaching home at 10.30 P.M. he partook of a supper of cold roast beef and salad. As he had taken little or no food since 1.30, he made a very hearty meal. Shortly after retiring to rest he was seized with severe colicky pains in the abdomen, rapidly followed by vomiting. The pain and sickness persisted, and he passed "a dreadful night." He was seen the next morning by Dr. Swallow. He was then found to be suffering from intense pain in the right iliac fossa; his features were pinched and his expression anxious. The abdomen was distended, and there was considerable tenderness over the cæcum. The tongue was coated; the pulse was 104, and the temperature 101°. Dr. Swallow diagnosed the case to be one of typhlitis, and commenced treatment with opium, the application of belladonna on poultices, absolute rest, and an exceedingly restricted diet. A warm-water enema was given, but aperients were avoided. The patient remained very ill for some time, and it was not until seven weeks had elapsed that he was sufficiently recovered to be removed to Bournemouth. At this time there was dulness over the cæcal region, some fulness there, and a disposition to constipation. He rapidly gained strength under the care of Dr. Horace Dobell, and returned to London on January 28th apparently well. There was still, however, a little dulness over the cæcal region. The bowels acted regularly, and a very careful and restricted diet was insisted upon. On Feb. 14th, 1888, the patient was seized with a second attack of typhlitis. It came on without apparent cause, resembled the first attack in all essential points, but was more severe in character. The same treatment was carried out, with the same result; but on this occasion ten weeks elapsed before he could be pronounced well. There was still some dulness over the right iliac region, and the dread of a third attack caused the patient to regard himself as more or less of an invalid. He continued to observe the same extreme care in his diet, avoided all exertion, and was most precise in his habits. On May 26th following a third attack of typhlitis appeared, and this time also without obvious cause. There had been no error in diet, and the bowels had been acting regularly. This attack was by far the most severe of the three. The patient was for some days dangerously ill, the symptoms responded less quickly to treatment, and a considerable degree of exhaustion followed the acute manifestations. At the end of four weeks the temperature had become normal, the cæcal region had ceased to be tender, the bowels were acting, and he was strong enough to sit up.

Mr. Treves now saw the patient in consultation with Dr. Swallow. The position of affairs was then as follows. There had been three attacks, and these had been of increasing severity. Judging from the past, the patient would have to look forward to the life of an invalid, and would have hanging over him the possibility of a fourth attack. If this attack should in turn prove to be more severe than that preceding it, it was evident that the patient's life would be placed in serious jeopardy. He himself anticipated a fourth attack with the greatest dread. Moreover, his already long illness and the uncertainty of his future were affecting him in other ways. He was at the head of a very large business and the main power of a

complicated commercial enterprise. If he could look forward to no definite improvement in the state of his health, his business and financial position would have to be entirely reconsidered. Mr. Treves proposed that an operation should be performed, that the vermiform appendix should be removed, and that the procedure should be carried out as soon as the patient had quite recovered from his last attack. The grounds for this operation have been detailed in a paper by Mr. Treves,[1] read before the Royal Medical and Chirurgical Society in February, 1888, in which he points out that in the greater number of fatal cases of typhlitis the cæcum has been found intact, while the appendix is inflamed and probably perforated. The perityphlitic abscess is usually—possibly always—an encysted peritonitis, and the cause of that peritonitis is to be found more often in the appendix than in the cæcum. The overwhelming influence of the appendix in this connexion has been demonstrated by Fitz, With, Matterstock, and others. Sir Dyce Duckworth, in an admirable lecture upon typhlitis,[2] states that the majority of the examples of this disease originate in the appendix. He remarks, moreover, that the post-mortem records of St. Bartholomew's Hospital during the last eight years and a half show that in every fatal case of typhlitis the appendix was affected. Mr. Treves, in the paper alluded to, continues as follows: "In my Hunterian lectures, delivered at the College of Surgeons in 1885, I gave an account of the condition of the appendix, derived from the examination of a hundred fresh bodies. The growth of the process is uncertain. It appears to attain its full dimensions very early in life. It fluctuates in length from one inch to six inches or more. Its variations in outline are even more extreme. Owing to a certain condition of the mesentery of this process, it is apt to become contorted and bent. This bending of the tube may lead to its obliteration, while inflammation may be excited by retention of mucus and other matters in the distal end of the canal. It is common to find the free end of the appendix greatly enlarged and distended from this cause. Moreover, the tube, when acutely bent upon itself, may be found ulcerated at the seat of flexion, and it is easy to understand that that ulceration may lead to a more widely spread inflammation. In the majority of cases the vermiform process lies behind the end of the ileum, pointing towards the spleen, but from disease or from simple anatomical changes in its mesentery it may be found lying in all possible positions. Its posture with reference to the general cavity of the abdomen is, of course, mainly dependent upon the mobility of the cæcum. With remarkable frequency the appendix is found to have contracted adhesions to neighbouring points of the peritoneum—a condition that may lead to other and more serious troubles than typhlitis. These are some of the anatomical conditions in the appendix that may lead to typhlitis, but a still commoner cause of the trouble remains. The muscular coat of this little tube is very feebly developed, and this circumstance, combined with its position and its arrangement as a cul-de-sac, greatly favours the accumulation of matters in its lumen. These take the form occasionally of foreign bodies derived from the food, but more frequently consist of inspissated fæces. Fitz, in his able monograph on the appendix, states that more than three-fifths of all cases of perforated appendices are due to concretions and foreign substances lodged in the little canal. It must not be assumed that every inflammatory disturbance of the appendix will lead to phenomena that could be classed with typhlitis. I have met, in the post-mortem room, with three cases of obliteration of the appendix by inflammation in patients whose medical histories, as written in the ward notes, showed that they had never had notable abdominal trouble. Typhlitis is very liable to relapse. Fitz has shown that successive attacks occur in 11 per cent. of the cases. The attacks may be numerous. I am under the impression that the great majority of examples of relapsing typhlitis are due to troubles in the appendix; indeed, that the diverticulum affords anatomical reasons for relapse that are not provided either by the cæcum or by the peritoneum. A simple local peritonitis shows no disposition to relapse, nor are there circumstances in those lesions of the cæcum that lead to typhlitis which will readily explain frequent attacks of inflammatory trouble."

In the case of the present patient it might have been urged that the medical treatment already carried out had answered well enough, that he might never have another attack, and that individuals have had four and five or more attacks of typhlitis and have recovered. To this it would be answered that the medical treatment, while it had been successful in individual attacks, had not influenced fresh onsets; that patients who have recovered from two or from three attacks have often died during the third or fourth; that the present trouble appeared to be increasing in severity; and, lastly, that the operation proposed would probably involve less risk to life than would a fourth attack.

The operation was performed on June 29th. The state of the patient on the 28th was as follows:—The abdomen was entirely free from pain and tenderness, and was quite flat. The tongue was clean, the bowels were acting regularly, and the appetite was fair. The patient's general strength was good. Over the cæcal region was a dull area reaching from Poupart's ligament below to the level of the anterior superior spine above, and reaching in the direction of the middle line as far as the epigastric artery. Over this area was a sense of resistance. At the outer side of the dull region, and deep in the hollow of the ileum, the appendix could be felt as a very hard elongated swelling, placed vertically, apparently two inches in length and about the size of the adult thumb. It felt like an elongated pebble. It was fixed, and when pressed upon was the seat of a little tenderness. Before the operation the colon was well cleared out by an enema.

Account of the operation by Mr. TREVES.—In performing this operation, I would venture to suggest that the following points be observed:—1. The operation should not be performed until all inflammatory and other symptoms have quite subsided. 2. The incision should be made obliquely from above downwards and inwards over the cæcal region, its lower extremity ending just external to the epigastric artery. The incision should not be made directly over the appendix or over the dullest region. If it be so placed, a great number of adhesions will probably be encountered, and the demonstration of the peritoneal cavity might be difficult. It is well that the parietal cut should open the abdomen at a point just beyond the diseased area, and where no adhesions exist. 3. When the appendix and cæcum are exposed, the area of the operation should be cut off from the general abdominal cavity by sponges. If this plugging with sponges is well carried out, no blood should enter the peritoneal space. 4. All adhesions should be divided by cutting. None should be "broken down." The latter measure is apt to tear the bowel, or at least to bare it of peritoneum. 5. The appendix should be lightly clamped close to the cæcum, and should be divided about half an inch from that intestine. It should not be secured by a simple ligature. The mucous membrane should be united by a number of very fine sutures or by a continuous suture. Then the divided outer walls of the process should be brought together by a second row of sutures. It is practically impossible to bring the serous coats together. To still further secure the orifice the stump of the appendix may be lightly attached to any adjacent surface of peritoneum. 6. The abdominal wound should be closed: no drain is required. In the present instance the incision was three inches and a quarter in length. The cæcum and appendix were found to be buried in adhesions. The disposal of these made the operation complicated and tedious. They were carefully cut until the gut was well exposed. The appendix, when laid bare, was so hard to the touch that I thought it contained a large concretion. It formed a tumour two inches in length. This was made up of a dilated appendix acutely bent upon itself and distended with mucus. The bent position was maintained by old adhesions. The dilated extremity of the process was one inch in width. It was found to be distended to the utmost with thick mucus. The tumour was singularly white in colour. No concretion was discovered, and as soon as the appendix was made straight (after its removal) the mucus escaped. I closed the divided end of the process in the manner already described. A small flap of peritoneum that had been separated from the cæcum was restored and secured by sutures. Two bleeding points within the abdomen required to be ligatured. The abdominal wound was closed entirely. The patient made an uninterrupted recovery without one bad symptom. The temperature reached 100·4° on the evening of the second day; with this exception it was normal throughout. The stitches were removed on the fifth day; on that day also the bowels were opened by an enema. The wound healed by first intention. No pain was complained of after the

[1] Relapsing Typhlitis treated by Operation.
[2] THE LANCET, Oct. 6th, 1888.

operation. The patient got up on the twenty-first day; at the end of four weeks he went downstairs, and a few days later left for the seaside.

More than six months have now elapsed since the operation. The patient has had no return of pain, and has, indeed, experienced no abdominal trouble of any kind. His bowels act regularly and without aperients. His appetite is good and his general health excellent. He has long since returned to active work. The condition of the appendix made it evident that, had no operation been performed, the patient would have become the subject of a fourth attack. The wall of the process was ulcerated, and in one spot the ulcer was so deep that perforation appeared imminent. It may not be unfair to conclude that a fourth attack might have taken the form of a fatal perforative peritonitis.

A CASE OF PERI-EPENDYMAL MYELITIS;

DEATH FROM ACUTE PERITONITIS, THE RESULT OF ABSCESS IN THE BLADDER WALL.

By DAVID DRUMMOND, M.D.,

PHYSICIAN AND LECTURER ON CLINICAL MEDICINE, ROYAL INFIRMARY, NEWCASTLE-ON-TYNE.

THE unusual characters of the following case furnish me with an excuse for bringing it under the notice of the readers of THE LANCET.

Charles B——, aged twenty-nine, a policeman, was sent to the Royal Infirmary by Mr. J. R. Baumgartner, who was kind enough to give me an account of his connexion with the case. Some three weeks before his admission the patient was much exposed during the very inclement March weather of last year, and to this he ascribed his illness. The immediate result was rheumatic pains in the legs and shoulders, with headache. About a week before he came under my observation he was seized with a more severe pain than usual in the right hip, and felt a girdle sensation round the middle of the abdomen. Then micturition became difficult and delayed, and he discovered that he could not empty his bladder entirely. It was for the vesical symptoms he consulted Mr. Baumgartner, the police surgeon. Four days before admission the lower extremities became weak, and within twenty-four hours they were practically powerless, so that he could not stand alone.

He was a large, well-nourished man. Motor paralysis of the legs was complete. Patches of anæsthesia were irregularly distributed over the legs to within a few inches of the umbilicus. The knee-jerk was present, but by no means well marked; plantar reflex was occasionally present. He complained of a feeling of weakness in the lumbar region of the spine, and of pains (soreness) in the legs. The urine, which had to be drawn off owing to retention, was acid at first, sp. gr. 1028, without albumen or pus; in a few days, however, it became cloudy, and phosphates and pus were deposited in quantity. His condition continued as above, with little or no alteration to record, except that the urine became steadily worse, until the eleventh day of hospital treatment, when obvious symptoms of acute peritonitis set in, and with this a marked diminution in the amount of urine. He died nineteen days after the onset of the motor paralysis. Prior to the development of the peritonitis the temperature was normal. There were no bedsores. The electrical condition of the muscles was unfortunately not tested, as the ward apparatus is a fixture, and it was deemed unwise to disturb the patient. There was a history of syphilis, and the patient admitted a taste for alcohol, but denied excess.

Necropsy.—Body generally well nourished; legs relatively thin, but not emaciated. The lungs were œdematous. The heart was soft and pale. Liver pale—cloudy swelling. There was general acute peritonitis. The intestines were in places bright red, and matted together by recent soft, yellow lymph. The bladder was adherent to the small bowel, and in its upper and posterior wall there was an abscess cavity the size of a walnut; this communicated with the peritoneal cavity, and also opened into the bladder. The walls of the organ were thickened and œdematous; its mucous membrane was studded with small hæmorrhages. The kidneys were pale, but otherwise normal. Nothing of interest attracted attention in the fresh spinal cord, except extreme pallor of the white columns and apparent relative increase in the bulk of the grey matter of the lumbar enlargement. After hardening, this part was cut and stained with carmine. In all the sections the central grey matter was very distinct as a bright-red spot, when examined by the naked eye. Under the microscope a general and very striking nucleation was apparent; the whole section was studded closely with red dots, more particularly around the central canal. The canal was patent in the middle and lower parts of the lumbar enlargement, and the columnar lining was well shown, but as the conus medullaris was approached the lumen was no longer to be seen, and its site was occupied by a nucleated reticular tissue, which stretched out at each side in concentric laminæ. All through the lumbar enlargement the grey matter surrounding the canal was crowded with nuclei, which were particularly numerous in the posterior grey commissure. In some sections little or nothing could be seen of the structure for the nuclei, which were far too numerous to admit of any doubt that the condition was pathological. (See engraving.) The artery of the anterior median fissure was much thickened, and its sheath was everywhere crowded with nuclei. Throughout the cord the minute arteries were considerably changed; indeed, the appearances strongly suggested a more or less general syphilitic arteritis. The cells in the grey horns were normal, and there were no changes in the white columns worth naming beyond the excessive nucleation.

It is not easy to explain the clinical features of the case in the light of the microscopical changes discovered in the cord. The rapid onset of the paralysis led me to expect a more acute and destructive lesion of the central grey matter of the lumbar enlargement—a condition in which it is usual to meet with bedsores, profound anæsthesia, and abolition of reflex action, in addition to the motor paralysis and bladder disturbance of the present case. My impression is that the lesion is syphilitic; and I think the case must be regarded as an example—though, perhaps, an unusual one—of peri-ependymal myelitis.

Newcastle-on-Tyne.

CURIOUS COMPLICATION OF PARTURITION.

BY W. H. BORHAM, L.R.C.P., M.R.C.S., &c.

IN the "Clinical Notes" of THE LANCET of March 3rd, 1888, a case is narrated by Mr. Launcelot Archer of "Curious Complication of Parturition." After detailing the case as he found it, and giving his treatment and describing the fœtal malformation of the child after its birth, he asks a question. Before answering the question upon such an occult point, I venture to make a few preliminary remarks suggested by his case.

Mr. Archer states that the "os was *fully* dilated, the face presenting; the pains were frequent and strong, but quite ineffectual in bringing the head down." There is much ambiguity and misconception in the minds of young accoucheurs in their early career as to what constitutes a fully dilated os uteri in labour, and many are apt to think that an os is fully dilated when it is not so. My view of a fully dilated os is where its structure opens and becomes coeval and coequal to the capacity of the vaginal canal, sufficiently open to admit of the exit of the normal head of a child. A *soft* and *dilatable* os that the fingers are able to expand to the diameter of two inches and a half is not a fully dilated os, and will not always admit of a digital examination sufficient to explore, and lead one to recognise a facial presentation. Young practitioners are often exceedingly embarrassed in diagnosing the true presentation of a child (especially in such a condition of the os as above stated, where it can be expand only two inches and a half by the fingers), and where malformed heads, such as described in Mr. Archer's case, with swelling on the vertex, with the occipital bones divided, and large sulci between them; such heads, although presenting naturally, are often mistaken for face presentation. Cases of breech prævia are especially apt to be mistaken for such, and sometimes those of shoulder prævia have led one into the same error; and such cases do not reveal to the accoucheur the real state of things till the os has become *fully* dilated, and it is only then that certainty as to the presentation can be detected. I have known a young accoucheur stoutly adhere to his opinion all through a labour that in a certain case he felt sure it was a face presentation until he was confronted with the nates and its appendages issuing from the vagina. A careful manipulation with a well-directed and tutored hand, by a skilful and sensitive touch upon the structures of the presenting parts, are needful to indicate in many occult cases the true presentation of a child when the mother is in labour. Mr. Archer waited patiently for two hours, and as there was no progress made in the labour he resorted to the forceps, but could not get them to grip sufficiently tight upon the child's head to enable him to use enough traction to deliver. This he repeated several times unsuccessfully. The child had a hydrocephalic head; it was without parietal bones, with fluid on the brain, and the other cranial bones were in a shifting state. This complication in the child's head did not give it sufficient resistance to allow the forceps to hold on, and the blades slipped. It was like applying the forceps to a partly filled bladder of water—the more you squeezed the forceps together the greater was the bulging and bagging of the fluid contents of the cranium through the openings between the blades, rendering traction impossible. Thus foiled in delivering with the forceps, Mr. Archer very sensibly resorted to version, and delivered.

Mr. Archer asks this question: "How would one be able to diagnose a condition like this before birth, so as to avoid the attempt to deliver by forceps?" Applying the forceps several times in the same labour without any good result is very discouraging to the mother and embarrassing to the accoucheur, and often leaves (unfairly) an impression on the mind of the patient and attendants that a want of skill has been manifested on the part of the surgeon. I can sympathise with the query. If confronted in attendance upon such a complicated case, my treatment would be very guarded; for I know that rare and unusual cases in midwifery are constantly cropping up, and we must watch, like the sea- and weather-wise sailor, and look out for "breakers ahead." I should press with the fingers upon the facial bones &c., and see how much force was required before the structures were pushed up, and endeavour to ascertain how and in what direction they moved; then I should gradually force up between the pains the child's head into the uterus, then introduce the hand and carefully explore by gently manipulating the head with the fingers. By this means the malformation would be detected. This is the only possible means of diagnosing such a complicated case before delivery. Then I should do as Mr. Archer did—turn, which is a convincing process, showing the value of the hand above the forceps. We never know when new and unknown complications in midwifery may arise, and it seems strange that this case should have offered such powers of resistance to the strong pains of the uterus. Such resistance could not have been owing to the face presentation, from the absence of the parietal bones, and the loose adaptation of the occipital bones, with the base of the brain containing clear fluid, and a thin membrane of dura mater covering it; in such a condition of the head its whole part must have been very soft and yielding in every direction, and the facial bones would, in consequence of their loose attachments, have easily given way and moulded themselves to the soft parts of the mother by the strong uterine pains; therefore, it is clear this face presentation was not the factor of resistance. Another cause must be sought: Was it the deficiency in the cervical vertebræ? This might have caused the neck to be doubled up by the *vis a tergo* of the uterine pains, and thus produce obstruction. Or was the impediment to expulsion owing to an unusually large chest and shoulders impacted in the outlet of the pelvis? or from a very short funis? For myself, I should be inclined to attribute the obstacle in this case to the expulsion of the child by the normal efforts of the uterus to the deformity in the child's neck, whereby it became limpid, doubled up, or squeezed, blocking the way; and thus causing greater resistance than the power of the labour pains could overcome.

Fulham.

A CASE OF

TRAUMATIC EPILEPSY SUCCESSFULLY TREATED BY TREPHINING.

BY F. A. SOUTHAM, M.B.OXON., F.R.C.S.,
ASSISTANT SURGEON TO THE MANCHESTER ROYAL INFIRMARY, AND SURGEON TO THE CLINICAL HOSPITAL FOR WOMEN AND CHILDREN.

WILLIAM F——, aged thirty-two, telegraphist, came under my care as an out-patient at the Manchester Royal Infirmary in August, 1887, with the following history. In December, 1886, having previously enjoyed good health, he fell from a height of sixteen feet, and sustained an injury to the head in the left temporal region, apparently a severe scalp wound without any fracture. He was removed in an unconscious condition to a local hospital, where he remained for about three weeks. At the end of this period he was discharged, having quite recovered from the effects of the accident. Shortly afterwards he began to suffer from attacks of a somewhat peculiar nature. Without any warning, he would suddenly be seized with twitchings limited to the muscles of the right side of the face, and almost simultaneously he would become dizzy and fall to the ground in a state of complete unconsciousness, remaining in this condition for a varying period, often for several hours. In the intervals there was no evidence of paresis in the muscles of the face or of any other part of the body; speech was not affected, and there was no loss of sensation or impairment of any of the special senses. The attacks recurred at irregular intervals, sometimes as many as six daily, sometimes three or four a week; occasionally a week, but rarely longer, would pass without one. He again sought treatment at the same hospital, and underwent two operations, which from his description consisted in liberating the scar on the scalp by dissecting it up from the bone beneath; each operation was followed by a temporary cessation of the fits, which, however, soon recurred.

The man was suffering from a continuance of the same symptoms, which completely incapacitated him from following his occupation, when he came under my observation. On examination, a well-marked adherent cicatrix about an inch in length was found in the left temporal region; no depression could be felt in the bone beneath, indicating that there had been a fracture. He was put on a course of

bromide and iodide of potassium for three weeks, but without any relief to the symptoms, the fits recurring as before. My colleague, Dr. Ross, then examined the patient with me, and as the case appeared to be one of traumatic epilepsy, due to irritation of the brain at the seat of injury, he recommended that the skull should be trephined at this spot. On Sept. 7th, 1887, the operation of trephining was performed with careful antiseptic precautions. The old scar was dissected up from the bone beneath, and, the pericranium having been reflected, a crown of bone the size of a shilling was removed at a point two inches and a half above and one inch behind the external angular process of the frontal bone. The piece of bone removed did not present any evidence of fracture, but was irregularly thickened and sclerosed, the diploë having disappeared and been replaced by dense, compact, osseous tissue; its outer surface was roughened, and at one point on its under surface there was a bossy elevation, a quarter of an inch in diameter, whiter in colour and of denser consistence than the surrounding bone. The exposed portion of the dura mater was rough and unduly adherent to the bone; otherwise it presented a healthy appearance; as it did not bulge into the trephine opening, and there were no evidences of intra-cranial tension, it was not incised, for it was thought that the irritation caused by the pressure of the thickened bone was sufficient to account for the symptoms. The wound was then closed, the pericranium being brought together with catgut and the scalp with silver sutures, and a small drainage-tube inserted. Healing rapidly occurred, with very little suppuration, the temperature never rising above 99°. On the eleventh day the patient was sitting up in the ward, and on the twenty-third day he left the hospital, there having been no return of the fits since the operation. About a fortnight later, however, they began to recur at irregular intervals, but in a very much milder form than previously, consisting merely of attacks of giddiness accompanied by pain in the head, but without any loss of consciousness, and, except on one occasion, without any twitching of the muscles of the face. These attacks gradually became slighter and less frequent, and since Jan. 1888, he has been entirely free from them. In the following April he was able to resume his occupation as telegraphist on the railway, and at the present time is in the enjoyment of perfect health, being as well as he was previously to the accident. The seat of the operation is now indicated by a depressed scar. There is no tenderness on pressure over it, and no pulsation can be detected.

Remarks.—As regards the explanation of the epileptic attacks, which were the secondary result of the injury to the head, it is probable that at the time of the accident, in addition to the wound of the scalp, more or less bruising or contusion of the bone beneath was also produced. This was followed by inflammatory changes in the bone, and probably also by some inflammation of the subjacent dura mater, in consequence of which the bone became thickened and sclerosed and unduly adherent to the membrane beneath. The result was that pressure was produced on the cortex of the brain, and this, acting as a source of irritation, gave rise to the fits from which the patient suffered. It is interesting to note that the fits commenced with twitchings of the facial muscles on the opposite side to that which was the seat of injury. According to the observations of different experimenters, the centre which presides over the movements of the face is situated in the lower and middle part of the ascending frontal, the lower end of the ascending parietal, and the posterior end of the middle frontal convolutions. Now the portion of bone removed with the trephine would overlie the posterior end of the middle frontal convolution, and the successful result of the operation is doubtless to be explained by the fact that the pressure upon the surface of the brain at this spot, which acted as a source of irritation, was relieved by the removal of the thickened bone. As the patient has now been free from any recurrence of the fits for a year, the cure may probably be regarded as complete and permanent.

Manchester.

THE DRUMSHORELAND COMBINATION HOSPITAL.—This new building, which has been erected to accommodate fever patients from the western parishes of Mid-Lothian and the eastern parishes of Linlithgowshire, and so relieve the Royal Edinburgh Infirmary, has been inspected by Dr. Graham Currie on behalf of the Board of Supervision, prior to its being licensed. The block, which is plain but substantial, cost about £1600.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

EXTIRPATION OF UTERUS DURING PREGNANCY FOR SUBPERITONEAL FIBROMATA.

By MORE MADDEN, L.K.Q.C.P.I., F.R.C.S.ED., &c.

AT the Academy of Medicine in Ireland, on Friday, Feb. 1st, 1889, having first shown ovarian tumours recently removed at the Mater Misericordiæ Hospital, I exhibited the uterus of a patient in the fourth month of pregnancy, in whose case I had been obliged to extirpate the gravid uterus on Jan. 30th. The laparotomy operation was primarily undertaken for removal of three large subperitoneal pedunculated uterine fibroids, the rapid development of which was giving rise to very urgent symptoms and great suffering, as well as interfering with the course of gestation. One of these tumours was of enormous size, and was with great difficulty dislodged from its deep pelvic attachments. On the uterus being exposed, its surface was found to be abnormally vascular and thickly studded over with fibromata in different stages of development, and hence its removal was decided on. The operation, in which I was assisted by my colleagues, Mr. Coppinger and Mr. Hayes, as well as by Mr. M'Ardle of St. Vincent's Hospital and Dr. Duke, was performed in the manner usual in abdominal hysterectomy, little blood being lost, although it was necessarily protracted by the friable and unhealthy condition of the tissues, rendering it extremely difficult to securely ligate the ovarian and uterine vessels in the broad ligaments. The cervical stump was then thoroughly included in a peritoneal covering, which was dissected out and stitched over it. The abdominal cavity was washed out with warm water, and the ligatures brought out through a drainage-tube inserted in the lower angle of the wound, which was closed in the usual way. Immediately after the operation thirty-five drops of laudanum were given, the drug to be repeated in fifteen-drop doses every third hour subsequently. The patient was able to take milk and brandy freely a few hours after the operation, when the temperature was 100° and the pulse 140. She had a fairly good night, although little sleep was obtained. On the morning of the 31st her condition and aspect were fairly good, she was cheerful, and complained of little pain. Her pulse was strong (130); temperature 100·2°. In the evening there was slight tympanites; pulse 140; temperature 100·4°. On Feb. 1st her general condition was promising. She had passed a good night. Temperature 99·2°; pulse 120. The patient continued to go on well until the 3rd of February, when symptoms of peritonitis set in, and on the forenoon of the 4th death occurred, five days after the operation.

Dublin.

ON SYMMETRICALLY GROUPED COMEDONES.

By E. MANSEL SYMPSON, M.B. CANTAB.

A CASE I have had under my care lately, very similar to those described by Dr. Wetherell in THE LANCET for Jan. 26th, may be worth recording.

A young girl, seen last year, had suffered from acne for several years. Then, and for some months past, there was a patch of skin with a number of comedones between the outer canthus of each eye and the cheek-bone. They could be removed easily, but their return was speedy. And it was remarkable that after eating anything which did not agree with her, drinking a little porter or stout (as her doctor recommended) or a glass of port, almost certainly a red flush came in that part of the face where these patches of comedones were, and was limited by their bounds. Arsenic had had little or no effect. I did not try sulphide of calcium, which has given me good results in several cases. I may add, as might be expected, that constipation was present. The flushings, symmetrical and localised, suggest an over-supply of blood to the sebaceous glands, tending to keep up an over-production of sebaceous material. In this way acne may depend directly on diet.

Lincoln.

THREE CASES OF

SPINA BIFIDA AND HYDROCEPHALUS OCCURRING IN THE SAME FAMILY.

BY A. C. BUTLER-SMYTHE, F.R.C.S. EDIN.,
SURGEON TO THE GROSVENOR HOSPITAL FOR WOMEN, WESTMINSTER.

H. T——, aged twenty-nine, married, and mother of five children. Works at dressmaking. Is about five feet in height, rather thin and delicate-looking, though her health is pretty good, and she has never been actually ill in her life. Complexion sallow; hair light; teeth good; no indication of rickets. Pelvis normal. No cough or night-sweats. Never spat blood. No emaciation. She has had five children, and in each pregnancy went to the full term. All her labours were severe and tedious, and out of five presentations four were abnormal. She never flooded at her confinements, and seems to have convalesced rapidly after each delivery. Her husband is a very delicate man, with bad lungs and a chronic cough; small in build, large-headed, and thick-jointed. The family history shows phthisis on both sides. Two uncles, brothers of her mother, died of consumption, and her husband lost his mother and a brother from the same disease. Neither of the parents suffered from any deformity, and there was no previous history of spina bifida in either family; but four of the wife's brothers died in infancy, and all of them had enlarged heads. Of five presentations four were pelvic; but in all cases the infants were born alive and lived for some time, though the only child reared was that which had presented with the head. All the infants were suckled. In the second and fifth cases of spina bifida (females) the tumour burst during delivery; whilst in the third case (male) it remained whole up to the death of the infant. In the two instances where the tumour burst, the infants lived some weeks longer than in the case where it remained whole. Beyond the spina bifida and hydrocephalus no other deformities were noticed in any of the infants. (See Table.)

Brook-street, W

CASES OF SPINA BIFIDA AND HYDROCEPHALUS.

No.	Interval.	Sex.	Term.	Presentation.	Labour.	Condition at birth.	Lived.	Remarks.
1	17 months	M.	Full	Footling	Severe	Very large head.	9 months	Died in convulsions. Head swollen and bones separated.
2	14 months	F.	,,	Breech	,,	Spina bifida. Lumbar region (?) Hydrocephalic.	7 weeks	Tumour burst during delivery. Had fits, and died in convulsions.
3	21 months	M.	,,	,,	,,	Spina bifida. Lumbo-sacral region. Hydrocephalic.	3 weeks	Tumour remained whole. Died in convulsions.
4	26 months	M.	,,	Head	Tedious	Large head.	2½ years when last seen	Head then enlarged, and anterior fontanelles open.
5	27 months	F.	,,	Footling	Severe	Spina bifida. Lumbo-sacral region. Hydrocephalic.	5 weeks	Tumour burst during delivery. Infant wasted and died in convulsions.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

HOSPITAL FOR SICK CHILDREN, GREAT ORMOND-STREET.

A CASE OF TRANSPLANTATION OF TESTIS FROM PERINEUM, AND ONE OF EXCISION OF A LARGE NÆVUS; REMARKS.

(Under the care of Mr. EDMUND OWEN.)

THE condition of malposition of the testis in this case is of considerable rarity, known as ectopia perinæalis, one of the varieties of ectopia testis, the other being ectopia cruralis, in which the testis has left the abdominal cavity by the crural ring. It is usually the left testis which is displaced into the perineum, but the right may be in this abnormal position. Hutchinson met with a case in which both were so displaced, but this is the only one on record. The condition is diagnosed early in life, as it is usually congenital. Godard,[1] however, recorded an instance of its descent at the age of twenty-five. Most of the other instances in which a late descent (or dislocation) has been supposed to have occurred are doubtful, as in the case of the soldier, aged twenty-four, on whom Partridge[2] operated. It has, however, been unexpectedly met with by Ricord when epididymitis had set in, and by Zeis, who was about to perform lithotomy on a boy of fifteen.[3] The cause of the malposition of the organ has been ascribed to irregularity in the attachment of the gubernaculum testis; in more than one of the cases it has been felt as the retaining band; in others, this band has been seen at the operation for reposition and described as the gubernaculum. Symptoms referable to its presence in the perineum are usually the result of injury; but, as in Annandale's case, pain may be caused by walking or running, or, again, by sitting, and more especially by riding. Attempts to replace it in the scrotum by other than operative measures have usually proved abortive, and, as it is frequently well developed, it is not advisable to perform castration unless it be associated with congenital hernia, as in the case operated on by Surgeon Flanagan at Mhow,[4] or on failure of the operation for reposition.[5] The earlier operations for replacement were unsuccessful. Curling,[6] in the case of a child, used wire sutures and a pad over the perineal sac; he found the testis difficult to transplant; suppuration followed, and the patient died at the end of a fortnight, from exhaustion and diarrhœa. Adams,[7] who attended a child (aged eleven weeks) at home after operation, lost his case from erysipelas and phlebitis fourteen days later; inflammation extending along the funicular process. He secured the testis in the scrotum by means of a catgut stitch through the cut gubernaculum. Partridge, in the case of the soldier already referred to, used deeply placed subcutaneous sutures and applied a pad to the perineum. As a result of a consideration of the causes of failure in his case, Adams made certain suggestions, recommending that a child should be permitted to attain the age of two or three, and that the testis should be secured in the scrotum by means of sutures. The employment of the antiseptic treatment has been most successful. Marshall,[8] in a boy of sixteen, tied the testis to the lowest part of the scrotum by means of a catgut stitch, and used antiseptic gauze; this case was successful. So was the operation when done by Annandale[9] at an earlier period in a boy aged three years; a catgut stitch was passed through the testis and bottom of the scrotum, and antiseptic treatment employed. The success attained by Annandale and Marshall and in the following case will doubtless be imitated in the future, now that the principles of the operation are more fully recognised.

[1] Curling, Diseases of the Testis, p. 52.
[2] British Medical Journal, 1858, p. 549.
[3] See Holmes' System of Surgery, vol. iii., p. 469.
[4] Brit. Med. Jour., 1884, p. 7.
[5] Partridge, Op. cit., 1858, p. 549.
[6] Op. cit., p. 55.
[7] THE LANCET, vol. i. 1871, p. 710.
[8] Med. Times and Gaz., vol. ii. 1883, p. 627.
[9] Brit. Med. Jour., p. 17, 1879.

Some years ago Mr. Owen brought forward the case of an infant with displaced right testis in which he did not recommend operative treatment.[10] There are various questions of further interest suggested by the following case, such as the question of malignant disease in misplaced or undescended testicles, into which we have not space to enter. For the following reports we are indebted to Mr. R. C. Priestley, M.A., registrar.

CASE 1. *Transplantation of testis.*—L. C——, aged two years and seven months, was admitted on Sept. 28th, 1888. The child is small for his age, and is unable to talk, but his limbs and head are well formed. On examining the genital organs, the right testicle was found well developed, and in the usual situation; the left testicle was also of normal size, but was situated in the perineum, to the left of the median raphe; the cord of the left testicle was apparently as long as that of the right, as the two organs were on a level with each other. The left half of the scrotum was small, and drawn over to the right side. On Oct. 3rd Mr. Owen made an incision over the left half of the scrotum, through which the misplaced testicle was reached, and freed from adhesions. There was no difficulty in placing the gland in the scrotum; but, as it obstinately slipped back into its original position, a deep suture was passed from one side of the left scrotum to the other, behind the testicle, which effectually maintained it in its new position. The edges of the wound were drawn together by a continuous suture, and drainage was provided for by a narrow piece of tissue inserted at the lower angle of the wound. The wound united readily, except at one spot, where a very small slough separated, and when the child quitted the hospital, a fortnight later, the left testicle appeared quite natural. The child has since been inspected, and the result of the operation has, apparently, left nothing to be desired.

CASE 2. *Excision of a large nævus.*—W. M——, aged two months, was admitted on Dec. 22nd, 1888. There was a nævus situated over the right pectoral region, the size and shape of a Tangerine orange. The skin on the surface was red in colour, and the blood could be squeezed out by firm pressure, returning quickly when the pressure was removed. On Dec. 26th Mr. Owen excised the tumour. The nævus was attacked in sections, the bleeding vessels being secured as soon as they were divided. Very little blood was lost, and the tumour was easily separated from the pectoralis major. The edges of the incision were brought together by several deep wire sutures. A small patch had to be left uncovered by skin. This healed by granulation, the rest by first intention. The temperature never rose above 100·2°. The child was discharged cured on Jan. 11th, 1889.

Remarks by Mr. OWEN.—It not infrequently happens that a testis which has failed to complete its descent, or has wandered into the groin or perineum, is imperfectly developed. In such cases, it is a question whether it is deserving of surgical attention—that is, with a view to transplantation. If it be a fact, as some maintain, that the imperfectly developed gland is specially prone to malignant disease, it would, no doubt, be advisable to remove it without delay. And if, on the other hand, it is associated, as I have sometimes noticed, with a reducible inguinal hernia, ablation should also be practised, so that the inguinal canal can be securely blockaded. It would be on merely sentimental grounds that, in such circumstances, any desire were felt for its preservation. But, given a healthy child with a well-developed and wandering testis, a simple operation such as that described above is not only justifiable, but, for every reason, expedient. As regards the nævus, I do not think that any other method of treatment could have given so prompt and thorough a result. Had it been treated by the old method of transfixation and ligature, the infant would not improbably have sunk exhausted on account of pain and suppuration. Moreover, the deepest parts of the mass could not have been destroyed by this means. Electrolysis could scarcely have dealt with it in less than three operations. In removing a nævus by the scalpel, it is necessary to keep well beyond the nodules of vascular fat which surround the spongy and growing mass. Then, with plenty of pairs of catch-forceps, the whole of the tumour can be cleanly removed without hæmorrhage or shock; and, as regards the operator, without anxiety or apprehension.

[10] Clin. Soc. Trans., vol. x., p. 190.

VICTORIA HOSPITAL FOR SICK CHILDREN.

SEQUEL TO THE CASE OF GENERAL SUBCUTANEOUS EMPHYSEMA FOLLOWING ASPIRATION OF THE CHEST; REMARKS.

(Under the care of Dr. JULIAN EVANS.)

WE publish this week the sequel to the above case, which appeared in our last issue at page 220, for which we are also indebted to Dr. J. Walter Carr, the house physician. The child died unexpectedly a few days ago from diphtheria. The condition of the chest on the side of the puncture was much as we anticipated, and the pleural sac was obliterated at the point at which the puncture was made. The condition of the lung is worthy of attention.

On examination, the lower lobe of the right lung—the one punctured—was found to be firmly adherent to the chest wall; it contained a large number of bronchi dilated to the size of a goose quill, extending from the main bronchial tubes in straight lines almost to the periphery of the lobe, and the pulmonary parenchyma between these was entirely converted into tough fibrous tissue, so that the whole lobe sank in water; there were also many small tubercular deposits.

Remarks by Dr. CARR.—Apparently an acute pleuro-pneumonia had been followed by a chronic interstitial inflammation with secondary dilatation of bronchi. In aspirating, the needle had probably entered one of the dilated tubes; consequently, as the two pleural surfaces were firmly adherent and the walls of the dilated bronchus rigid and inelastic, on the withdrawal of the needle a track was left leading direct from the main air-passages to the subcutaneous tissues, into which the air was easily pumped by the slight cough which followed the puncture.

HALSTEAD COTTAGE HOSPITAL.

UNUSUAL EFFECT OF A FULL SUBCUTANEOUS DOSE OF COCAINE.

(Under the care of Mr. J. HENRY ASHWORTH.)

THE interest in the following case is the record of symptoms which followed the subcutaneous injection into the lip of a quantity of cocaine. Since the introduction of this alkaloid as an anæsthetic by Köller of Vienna in 1884, many pages have been written on its use in the treatment of diseases of very different characters. Its employment has almost entirely altered the conditions under which ophthalmic operations are conducted; minor surgical operations are frequently carried out with no requirement for more than its local employment; and it has been much employed in the surgical treatment of diseases of the mouth, throat, nose, and other mucous orifices; it has even been used in amputation of the breast and more important operations, where for some reason or other it was considered inadvisable to employ ether or chloroform; it is also used in medical and gynæcological practice. The occurrence of a train of serious symptoms, which has been noted in a number of cases, has, however, prevented its indiscriminate employment, and although, until the case of accidental poisoning at University College Hospital last week (when the victim swallowed a solution equal to twenty-two grains) no fatal case has been met with in this country, there are many instances on record where the patients only recovered from a condition of the gravest kind after vigorous treatment, whilst two deaths are ascribed to its use in Russia.[1] It is difficult, in reading cases recorded as "cocaine poisoning," to avoid the conclusion that the symptoms of some of them are simply due to the effect of the operation, though a slight and painless one; they are those of a syncopal attack resembling that not unfrequently met with during the simple vaccination of an adult. In others, the only conclusion is that in certain individuals there exists an excessive susceptibility to cocaine as an idiosyncrasy, but there is, unfortunately, no means of discriminating those who are susceptible from those who are not. It was suggested at one time that aged and feeble women were especially prone to its toxic effects; but more extended observation has proved that hardly any age is free from this susceptibility, and that neither sex nor state of health makes

[1] The record of these is incomplete. See Wood's Therapeutics, p. 251.

any difference. In 1885 Nettleship[2] drew attention to a series of cases in which panophthalmitis had followed its employment as a local anæsthetic in cataract operations. This was ascribed to an impure solution, and combination with antiseptics has rendered it innocuous. The manifestation of its toxic effect after hypodermic injection does not depend upon the use of large doses. Four minims of a 20 per cent. solution produced great rigidity, convulsions, and collapse.[3] Mattison, who collected thirty cases,[4] mentions one in which four minims of a 4 per cent. solution produced toxic symptoms in an adult. Mowat[5] found symptoms follow the injection of three minims and a half of a 20 per cent. solution into the cheek. We cannot enumerate all the cases; some are, however, worth perusal.[6] When applied to the cornea, two minims of a 2 per cent. solution have produced nausea and vomiting lasting for many hours, with great prostration and paralysis of the tongue and limbs. Zeim of Dantzig[7] relates a somewhat similar case, the symptoms, however, varying; he also recorded seventeen cases, in which weak solutions produced symptoms (two to four minims of a 4 per cent. solution in eight cases, of a 2·5 per cent. solution in four, and of a 2 per cent. solution in five). In fact, weak solutions, whether applied to the cornea, mucous membrane, injected into the skin, or swallowed, may produce symptoms in some cases resembling those of collapse, in some amounting to violent delirium. Under these circumstances it is as well for those about to employ the drug to be ready with the means of combating them. The subcutaneous injection of ether, as in this case, has proved useful; also, the inhalation of ammonia; but the inhalation of nitrite of amyl (as recommended by Schilling) has been most useful. M. Martin employed caffein with some success.[8] For the notes of the following case we are indebted to Mr. H. Stedman.

The patient, a middle-aged man, and fairly well nourished, but whose heart was weak and irregular, no actual murmur being detected, was admitted for recurrent cancer of the upper lip. Owing to the condition of the heart it was decided to use cocaine locally, of which ten minims of a 5 per cent. solution was injected on either side of the part to be excised, making one grain in all. The patient very soon became somewhat excited, and complained of "feeling queer," the respirations at the same time becoming rapid and shallow, and the pulse quick and feeble. This condition gradually became worse, until about twenty minutes after the administration of the drug the pulse-rate was 160 beats per minute, and was scarcely perceptible at the wrist, although the carotids were felt to be pulsating strongly. The respirations were very rapid, shallow, and irregular, with an occasional deep one, more resembling a sigh. The patient appeared to be panting for breath, but unable to satisfy himself, until suddenly he would manage to take a deep inspiration, and would then seem relieved, but only for the moment, when the same condition would rapidly return. He was totally unable to control his breathing momentarily in order to take an inhalation of sal volatile. The pupils were normal, and reacted well to light. There was no extreme pallor, as mentioned in the books, indicating a contraction of the capillaries; on the contrary, there was marked cyanosis, especially noticeable on the lips and forehead. The feet became cold, and the skin covered with a clammy perspiration. As soon as the pulse showed signs of marked enfeeblement he was given a draught of sal volatile, but with little effect; he was then given a hypodermic injection of twenty minims of ether, which revived him considerably and greatly improved the vigour of the pulse, but only for a short time. These hypodermic injections were repeated three or four times at intervals of six or eight minutes, when the effects of the cocaine began to pass off. In about an hour and a half he seemed quite himself again, the respirations becoming quiet and easy and the pulse full and strong, but still remaining at 112 beats per minute. He was then given six ounces of mist. vini. gallici, and the operation was proceeded with, from which he has made a complete recovery.

[2] THE LANCET, vol. ii., p. 996; as also Keyser, of Philadelphia.
[3] Australasian Medical Gazette, 1886.
[4] THE LANCET, vol. i. 1888, p. 48. [5] Ibid., vol. ii. 1888, p. 713.
[6] Spear, New York Med. Record, 1885. Slayter. M. Déjerine, Brit. Med. Jour., 1888. Mikovsky of Moscow, ibid., vol. ii., p. 757. Gooding, THE LANCET, vol. i., p. 304. Addinsell, ibid., vol. ii. 1888, p. 872. Callaghan, ibid., vol. i. 1885, p. 1149. Kilham, vol. i., p. 17. Pitts, ibid., vol. ii. 1887, p. 1265.
[7] Allgemeine Med. Centralzeitung, 1885.
[8] See also THE LANCET, vol. ii. 1885, pp. 864, 1131; vol. ii. 1886, pp. 305, 550.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Carcinoma of Bronchus.—Cerebral Tumour.—Tubercular Teno-synovitis.—Pemphigus.—Epithelioma of Urethra.—Hydronephrosis.—Cancer of Ileo-cæcal Valve.—Cancer of Large Intestine.

AN ordinary meeting of this Society was held on Feb. 5th, Dr. W. H. Dickinson, President, in the chair.

Dr. HANDFORD communicated a paper on Carcinoma of the Left Bronchus and Root of the Lung. Within twelve months he had had in his own practice three cases of carcinoma of the lung, all ending by profuse hæmoptysis. In two of these the very small bulk of the tumour was noticeable, and added greatly to the difficulties of diagnosis. The last case related to a collier, aged sixty-four, who dated his illness from an injury to the chest five months previously. He had copious frothy expectoration, occasionally streaked with blood. There were signs of collapse of the upper lobe of the left lung; for three days he brought up from twenty to thirty ounces of blood each day, and finally died of exhaustion. At the necropsy the upper lobe of the left lung was found collapsed, and containing several nodules of new growth. The lower lobe only showed one or two white fibrous-looking bands spreading along the bronchi, which in some instances were completely obliterated. The mediastinal glands were enlarged. The mucous membrane of the trachea was affected by the new growth about three quarters of an inch above the bifurcation. The growth had spread along the left bronchus, nearly filling up its lumen, but without affecting the outside at all; it did not extend beyond the cartilages. The bronchus had evidently not been involved from the outside. There were three or four secondary nodules in the liver. Microscopic examinations of the new growth, and also of the secondary nodules in the liver, left no doubt that it was a true carcinoma. The true carcinomata originating at the root of the lung seemed to be smaller in bulk than the sarcomatous and lymph-adenomatous mediastinal tumours, and to have a greater tendency to perforate the vessels and lead to hæmorrhage. They also appeared to be multiple, and to be generally associated with secondary growths in other viscera, especially the liver and kidneys. The stenosis of the trachea and left bronchus was the essential feature of this case. It was remarkable how far the growth extended inside the air tube away from the rest of the tumour, and what a large proportion this intra-bronchial growth bore to its whole bulk. For these reasons it seemed probable that the growth originated in the bronchial mucous membrane (hypoblastic epithelium).—Dr. SAMUEL WEST had recorded two or three similar cases in the Society's Transactions; they were of scirrhous character, and had led to the same conditions, the only physical signs being obstruction to the main bronchus of one lung. There were, so far as he remembered, no secondary deposits, and they differed clinically and pathologically from cases of ordinary mediastinal tumour. There was no hæmoptysis, and there was nothing abnormal in the mucous membrane; the growth seemed to form round the bronchus, and not in it. The lymphatic glands were very little, if at all, enlarged.—Dr. ORMEROD related the case of an old man who died of what was thought to be pneumonia; at the necropsy the bronchi were found to be encased in new growth, and the mucous membrane was intact.—Dr. HANDFORD said the fatal termination was due to hæmorrhage, and the growth was strictly within the cartilages.—On the motion of the President the specimen was referred to the Morbid Growths Committee.

Dr. ORMEROD related a case of Symmetrical Tumour of both Cerebral Hemispheres, which occurred in a male aged thirty-one, under the care of Dr. Gee in St. Bartholomew's Hospital, in February and March, 1888. The symptoms on admission were of two days' duration—viz., headache, fever (temperature 102°), and tendency to sweats. Then followed—stiffness of neck and back (finally, rigidity and opisthotonos), optic neuritis, gradual coma, right hemiplegia, and death in about five weeks. Post mortem, there was a long track of disease in the white matter of either hemisphere, situate symmetrically in each corona radiata of the upper half of the brain, roughly club-shaped, broadest opposite the motor convolutions, and tailing off

into the occipital lobes. It was rather more extensive on the left than on the right side. The brain was exhibited cut in vertical sections, after Pitres' plan. There was extensive softening of the left parietal section, corresponding doubtless to the right hemiplegia. The disease consisted of a large round-celled vascular growth, probably sarcoma.—Dr. HALE WHITE had seen two similar cases where there were symmetrical tumours, and another case was shown at the Society when the exhibition of brain tumours was held. He thought that symmetry in the grouping of these growths in the brain occurred more frequently than could be accounted for by mere chance.—Dr. ORMEROD, in reply, said that out of the comparatively small number of brain tumours he had personally examined he had met with two instances of symmetrical growth.

Mr. GOLDING-BIRD showed a microscopic specimen and detailed the history of a case of Tubercular Teno-synovitis resembling Ganglion. It was in the person of a girl aged twenty, with a year's history, and the supposed ganglion was in the sheath of the right extensor carpi ulnaris. At the operation for scraping out the material of the ganglion, he was struck with its apparent solidity, and, submitting it to the microscope, found its structure that of "pulpy" or granulation material, and studded over with the nodules surrounding "mother cells," characteristic of disseminated tubercle. Though once the swelling recurred, it was believed to have been cured by the second operation, in April, 1886. He specially drew attention to the infrequency of tuberculous synovitis—at least, of primary character; to the absence of all evidence of other tuberculous deposit in the patient; and to the resemblance in this case to ordinary ganglion. He thought it might be more frequent than was supposed, but it was not recognised; and he asked for the experience of members as to the pathological conditions, if any, that might be taken as symptomatic of tubercular teno-synovitis in its early stage.—Dr. DUNN detailed what he believed to be a similar case which he saw at Shadwell. There was a swelling at the lower part of the leg in connexion with a tendon; it broke and discharged some purulent caseous material.—Mr. BULL inquired if bacilli were found. He related two cases from the practice of St. George's Hospital. In one, the leg had been amputated for presumed pulpy disease of the ankle-joint. On dissection, the articulation was found to be healthy, but there was extensive pulpy disease in the synovial sheaths. Another case presented a similar condition at the back of the wrist-joint; many "melon-seed" bodies were evacuated, and it was scraped with a Volkmann's spoon. In neither case, despite careful examination, could bacilli be detected.—Mr. GODLEE asked if the substance extracted was like that from an ordinary ganglion. An observation had been made that the occurrence of ganglions containing "melon-seed" bodies near joints were often followed by the development of tubercular arthritis in the articulation.—Mr. GOLDING-BIRD, in reply, said he did not seek for bacilli; he thought the globular masses containing in their centre "mother-cells" were sufficient evidence of tubercle. The substance evacuated from the swelling was quite unlike that found in ordinary ganglions.

Dr. G. N. PITT gave details of a case of Pemphigus Malignans in a tanner aged fifty, who was admitted into Guy's Hospital under the care of Mr. Golding-Bird, with a good personal history until October last, when he poisoned his finger while at work; two months later he poisoned his thumb, but he recovered in three weeks. Three weeks before admission he noticed a fugitive eruption of vesicles on the limbs and trunk. A fresh crop appeared a week before his admission, when he had numerous vesicles and bullæ on the perineum and thighs, which rapidly increased in number, were never tense, and many contained blood-stained fluid. Soon there was a large raw surface over the back and at all points of pressure—shoulders, elbows, buttocks, heels, &c. He passed his urine unconsciously, was delirious at night, and died two weeks after the commencement of the eruption. At the necropsy there was a large raw surface over the buttocks 16 inches by 22 inches, which was dotted with hundreds of minute islets of skin, which had persisted between the bullæ, and looked as if skin-grafting had been performed. All points of pressure were bare, and large flakes of loose cuticle adhered, so that the patient looked as if he had been very extensively scalded. The mucous membranes of the mouth, œsophagus, and stomach were healthy. The kidneys looked normal, but were large. No visceral lesions were found. Microscopically, the bullæ showed cell infiltration of the corium, the vessels were engorged with blood, there was loss of epithelium, and some of the papillæ were destroyed, so that there would have been some slight scarring if recovery had taken place. Acute pemphigus was so rare that its existence was denied by Hebra; yet well-marked cases had been recorded by Drs. Southey, Payne, and Duckworth. Of these, the last patient, a man aged fifty-four, with chronic Bright's disease, died on the ninth day. The case related was almost as acute, as the patient died two weeks after the outbreak of the eruption. The etiology of the disease was practically unknown, but in this case it was impossible not to associate it with the poisoning of his fingers, though there was no evidence that there was anything unusual about the poison, such as anthrax. Only three other fatal cases had occurred at Guy's Hospital during the last twelve years, and of these brief particulars were given: one occurred in a woman aged forty-nine, one in a boy aged four, and the third in a woman aged seventy-two.—Dr. ANGEL MONEY had seen a case of varicella in a child aged six months, which was followed by a pemphigoid eruption, from which the child died.—Sir DYCE DUCKWORTH said there was still a great deal to be learnt about bullous diseases: some contained uric acid, others none; and others, again, were connected with animal poisons. He referred to the case of a healthy young actress, admitted under Dr. Gee at St. Bartholomew's Hospital. She had a large bulla near the trochanter and a second near the instep. These patches spread, becoming semi-gangrenous, and she died six weeks later.

Mr. GRIFFITHS read a paper on the histological changes in Hydronephrosis, and showed that two distinct processes occurred in such kidneys. The first, present in all examples, was the result of the pressure of the accumulated urine in the distended pelvis, and this he showed to be limited to a thin layer of tissue immediately subjacent to the surface pressed upon. The changes observed were increased proliferation of the inter-tubular connective tissue, disappearance of the renal tubules, and dilatation of the remaining ones. The second, present usually in those examples in which distension of the body of the pelvis had occurred, he considered similar to chronic interstitial nephritis from other causes. He referred this general interstitial process specially to the compression of the renal vessels in their course over the distended body of the pelvis, and he related an example of unilateral interstitial nephritis produced by compression of the corresponding renal artery by an aneurysm of the aorta in support of his view. He also related a case illustrating the effects of epithelioma originating in the epithelium lining the urethra, and referred to the rare occurrence of primary malignant growths of that channel.

Dr. ANGEL MONEY exhibited a specimen of Columnar Epithelioma of the Ileo-cæcal Valve. The signs of obstruction to the bowels during life were not urgent. The man (aged sixty) had suffered severely from pain about the right hip and thigh. An abscess was found outside the bowel in the iliac fossa, and this had laid bare and irritated the nerves to the leg. The cachexia was extreme. Diarrhœa alternated with constipation, pain and vomiting coincided, and secondary nodules were found in the liver, glands, and lungs.

Mr. RAYMOND JOHNSON described two cases of Cancer of the Large Intestine. The first was a cancer of the transverse colon from a woman aged sixty-four, under the care of Mr. Marcus Beck at University College Hospital. The whole circumference of the colon for a distance of two inches to the right of the middle line was occupied by a ragged ulcerated new growth, the lumen being contracted to the size of the little finger. Leading from the centre of this surface posteriorly was a rounded opening, admitting the little finger and leading into the ileum at a point five feet distant from its termination. The two pieces of bowel were firmly adherent, and the growth had spread through to the ileum, involving it over an area as large as a penny. The growth had the microscopic character of a columnar epithelioma. The spleen contained two wedge-shaped areas of deep congestion, and a similar patch was found in the right kidney. The base of the right lung was consolidated, and covered with exudation. The patient gave a history of increasing distension of the abdomen and obstinate constipation during two years. No tumour could be detected, and the case was thought to be one of simple fæcal accumulation, with paralytic distension of the large intestine and separation of the recti muscles. Enemata gave some relief.

Three days before death watery diarrhœa set in, the temperature rose to 101°, and dulness and fine râles at both bases were noted. The specimen was interesting in showing the direct spread of the growth from one part of the gut to another part adherent to it. The growth undoubtedly began in the colon. The character of the diarrhœa was explained by the passage of the contents of the ileum through the fistulous opening into the colon, although the age of the opening was probably much longer than the duration of the diarrhœa. The immediate cause of death appeared to have been septic absorption from the ulcerated surface of the growth. The second case was one of cancer of the cæcum from a female aged fifty, a patient under the care of Mr. Beck at University College Hospital. The wall of the cæcum was uniformly infiltrated with new growth, which was ulcerated over the whole of its inner surface. The disease was most extensive around and above the ileo-cæcal opening, which was contracted to the size of a No. 8 catheter. The lower end of the ileum was distended but not involved by the growth. The vermiform appendix was healthy and its opening pervious. The growth terminated abruptly at the junction of the cæcum with the colon. The latter had been opened two inches and a half above the cæcum. A cancerous gland lay on the inner side of the cæcum, and there were several nodules of new growth in the mesentery of the lower ileum. There was a small secondary deposit in the left lobe of the liver. The growth was a columnar epithelioma. The patient complained of loss of flesh and pain in the lower part of the abdomen for six months; troublesome constipation for two months; occasional vomiting for three weeks; increasing distension of abdomen for two weeks. There was uniform tympanitic distension of the abdomen, and visible peristalsis in the coils of intestine. Some ill-defined nodules could be felt in the right iliac fossa. Right lumbar colotomy was performed, but the colon was empty, and no relief was given. Two days later the ileum was secured to the abdominal wall in the right linea semilunaris. The patient was seized with severe abdominal pain thirteen hours after the operation; the gut was opened, but death occurred twenty-one hours afterwards. The cæcum was rarely the seat of cancer; Mr. Treves quotes only five cases of cancerous stricture of the ileo-cæcal valve. Of 101 consecutive cases of cancer of the large intestine, only one occurred in the cæcum, the ileo-cæcal valve being the seat of a cauliflower excrescence, which was invaginated into the colon as low as the middle of the sigmoid flexure. Mr. Treves found that the symptoms attending stricture of the ileo-cæcal valve were practically identical with those of stenosis of the small intestine. In this case, however, the symptoms pointed to obstruction of the large intestine, the pain being slight, and had no relation to food; and the vomiting was only occasional; in fact, within a fortnight of death the patient took full diet for three days without any sickness.

The following card specimens were shown:—

Dr. DUNN: Epiphysitis of Upper Extremity of Humerus.

Dr. ORMEROD: (1) Ulcerative Colitis; (2) Hæmorrhage into Pons Varolii.

Mr. GRIFFITHS: Carcinoma of Common Bile-duct.

Dr. MOTT: Sections of Liver from two cases of Pernicious Anæmia.

OPHTHALMOLOGICAL SOCIETY.

Exceptional Forms of Choroiditis.—Primary Retinal Phlebitis.

AN ordinary meeting of this Society was held on Jan. 31st, Mr. J. W. Hulke, F.R.S., President, in the chair.

Mr. JONATHAN HUTCHINSON read a paper on some exceptional forms of Choroiditis. He commenced by remarking that the recognition of the peculiar and very striking forms of atrophy which followed on choroiditis was among the earliest achievements of the ophthalmoscope. Nor was it long afterwards that the scattered form called "disseminate" was associated with syphilis. As soon as we obtained the means of recognising the subjects of inherited syphilis during childhood and adolescence, it was observed that certain somewhat peculiar forms of choroiditis and choroido-retinitis were presented in young persons who had notched teeth, had suffered from interstitial keratitis, and some of whom were deaf. Next in course of time came the observation that in high degrees of myopia, in addition to the crescentic patches of denudation which were formed at the side of the disc, the choroid was liable to atrophy at the yellow spot, and, in exceptional cases, irregularly at other parts of the fundus. Whether it could be said that any process of inflammation preceded the atrophy in these cases of scattered changes in connexion with elongation of the eyeball might be matter of doubt. Still later, a peculiar form of choroiditis was observed as occurring near to the disc and yellow spot in middle-aged or elderly persons, in which the changes consisted of very minute spots, which, as time went on, might coalesce and form patches. The first observations respecting this disease were made by Mr. Waren Tay, and published by Mr. Hutchinson. If to the forms of choroiditis above mentioned we added the secondary changes which had been recognised as following on injuries, certain others in which recurring hæmorrhages occurred, and the rare instances in which tubercle had been observed, it was believed that the present state of our clinical knowledge in reference to choroiditis would be fairly stated. At any rate, choroiditis had not been associated with any precisionwith other causes than those adverted to. Probably, however, all ophthalmic surgeons had recognised that there were examples of choroiditis met with in practice which it was difficult to assign to any one of the above groups; more especially that there were cases in which the conditions common in choroiditis disseminata were closely simulated, and yet the history of syphilis, whether acquired or inherited, was wholly wanting. These latter cases were, it was suggested, of importance in a double sense—that is, both as regarded their treatment and because it had been thought by some that choroiditis disseminata was in itself almost a pathognomonic symptom of syphilis, and it had been used, as notched teeth and keratitis were, as an important and almost conclusive aid to diagnosis. No attempt, as far as the author was aware, had been made to connect choroiditis with any other diathesis than that resulting from syphilis. Although we knew that arthritic iritis was very common, no one had ever diagnosed choroiditis in such association; nor had it been asserted that struma, which was seen to be the parent of certain skin diseases, notably of lupus, ever stood in a similar relation to disease of the choroid. Especially it was to be noted that no form of choroiditis (always excepting the syphilitic) had been found to occur in association with inflammatory affections of the pia mater of the brain—such, for instance, as those which produced the adhesions that constituted the chief lesion in general paralysis of the insane. In all brain diseases we looked carefully at the optic disc, but we did not expect to get any help in our diagnosis from morbid conditions in the choroid. Mr. Hutchinson next stated that he purposed on the present occasion to keep the subject within bounds by leaving wholly aside the common forms of the disease—such, for example, as the syphilitic varieties, those resulting from injuries, and those complicating myopia. He purposed to deal only with certain exceptional forms. It might be convenient, however, before proceeding, to offer the following list of the principal clinical groups of choroiditis, appending to each name of group a few brief words as to peculiar features and grounds of diagnosis:—The choroiditis of myopia: usually central around the disc or at the yellow spot, but sometimes occurring in scattered patches; a chief element in the diagnosis was the presence or otherwise of myopia in high degree. Choroiditis senilis centralis, Tay's choroiditis: always central, and never causing the denudation of large areas; met with only in those past middle age, but occasionally simulated in syphilis. Choroiditis as a family disease: various in form, often beginning in childhood, but sometimes not till middle life; several members of the same family affected, and the changes usually aggressive; Tay's choroiditis might sometimes occur as a family malady. Choroiditis in early periods of syphilis: analogous to the exanthem eruptions of secondary syphilis, always in scattered patches and usually symmetrical; might be completely cured by treatment. Choroiditis in late periods of syphilis: analogous to the tertiary or lupoid eruptions on the skin, always serpiginous and aggressive, often not symmetrical; benefited by treatment, but often not cured. Choroiditis of inherited syphilis: either of the two preceding forms might occur in inherited syphilis: the periphery of the fundus was often alone affected. Choroido-retinitis simulating retinitis pigmentosa: this group included cases the result of blows, and many of those due to inherited syphilis; almost always aggressive, usually attended by changes in the disc. Choroiditis without obvious cause: usually but not always occurring in young adolescents, and,

with an interval, symmetrical changes often serpiginous, as in tertiary syphilis ("lupus of choroid"), but sometimes disseminate; not distinguishable from syphilitic cases but by the absence of specific history. Hæmorrhagic choroiditis: very rare, seen in growing adolescents and in connexion with sexual disturbances; liability to repeated hæmorrhage into the choroid; analogous to the cases of recurring vitreous hæmorrhage, and sometimes associated with them. Choroiditis with iritis and cyclitis: characterised by extending with definite recurrences through the whole life; associated with chilblains. Choroiditis following blows in the eye: this was to be distinguished by scars caused by lacerations; it was a progressive form of choroido-retinal disorganisation, always limited to one eye. Choroiditis consequent on the deposit of tubercle: no proof had as yet been afforded that tubercular disease of the choroid was aggressive; it might, however, easily be the fact that what he had termed lupus of the choroid was associated with tubercle. Under the head of "choroiditis as a family disease," Mr. Hutchinson mentioned five series of cases from his own experience, and said that the number might easily be extended. In the first many children suffered, and the failure of sight was attended by failure of intellect and paraplegia. In the males there was remarkable growth of the mammary glands. In another series two sisters suffered alike, and there was a history of proclivity to insanity. In another three brothers were affected, and none until middle life, there being no other ailments whatever. These family forms were, it was suggested, to be compared with Kaposi's disease, retinitis pigmentosa, and other maladies, which went to prove that, under this law of inheritance, the children born to certain couples might possess by structural idiosyncrasy a weakness of certain tissues and organs which rendered them liable to disease at a certain age. Two cases of hæmorrhagic choroiditis were narrated, both the patients being young men. A comparison was drawn between these very rare cases and the somewhat more frequent ones in which recurrent hæmorrhages took place into the vitreous body. Examples of the latter had been brought before the Society by Mr. Eales (of Birmingham) and himself some years ago, and all their cases had occurred in young men. This limitation of the malady to one sex and one period of life had been confirmed by other observers. Mr. Hutchinson said he did not know of any case records of hæmorrhagic choroiditis, but Mr. Nettleship had, in a reference to it, spoken of it as a disease of young men. On the other hand, Mr. Power had recorded a very remarkable example of acute hæmorrhagic choroido-retinitis in a young girl. It was a peculiar case, and was supposed to be due to amenorrhœa, thus confirming the supposition that variation of vascular tone in connexion with the sexual system was the usual cause. The next case described was an important one, in which the notes extended over nearly twenty years. The patient, a married man, in whom there was no history of syphilis, had suffered from most extensive choroiditis in both eyes. The progress of the disease had been marked by very distinct recurrences at intervals of a few years, attended by pain and increase of failure of sight. One pupil was almost closed by adhesions, and in both some tendency to cyclo-iritis had been noticed. It was suggested that this case was really of the same nature as the examples of relapsing cyclitis so well known in association with chilblain proclivity, and sometimes with inheritance of gout. A group of three remarkable cases was next referred to, in which young women apparently in good health had become the subjects of aggressive choroiditis in both eyes without obvious cause. In all, the suggestions of inherited syphilis seemed quite excluded by the family history; but in one, in whom periostitis of the tibia was present, it was possible that syphilis had been conveyed in vaccination. Mr. Hutchinson said that, so far as the objective phenomena were concerned, he knew of no means of distinguishing these cases from the common syphilitic type. The absence of history and of concomitant symptoms were the only diagnostic guides. All were of the serpiginous form (lupus of choroid), and in two, although the patients looked strong, strumous disease of lymphatic glands had occurred. With the cases last mentioned were given three others, of which men were the subjects, and in which the disease began later in life, the peculiarity again being the entire absence of probability as to syphilis. As in the preceding, the common conditions of syphilis were exactly simulated. In concluding his paper, Mr. Hutchinson said that he sought diligently, but quite without success, for any guiding symptoms by which to distinguish the cases of choroiditis which were not syphilitic from those which were so. He had presented, in illustration of what he said, a great number of very good drawings, and he was quite sure that, if he were to place them all side by side on the table, no one would be able by reference to the appearances presented to pick out the non-syphilitic ones. Under these circumstances, it still remained to some extent an open question whether, even in the exceptional cases in which the evidence against syphilis seemed the strongest, we ought yet to suspect its presence. There were obscure ways in which specific contamination was sometimes effected without the patient's knowledge; and, as regards inheritance, it must be admitted that it was not always possible to find its proof. All must be familiar with cases in which for long the diagnosis of syphilis had been abandoned, until unexpectedly some chance collateral fact came to light and revealed it. The speaker also adverted to the extreme difficulty of recognising signs of activity in the processes of choroiditis, and of distinguishing cases which were still aggressive from those which had come to an end. He related some very remarkable instances of improvement from treatment by mercury and iodides, under conditions which had at first been thought hopeless. Almost the only symptom which he knew of as implying aggressiveness was the existence of a narrow line of yellowish white around the patches, and it was by no means always present. His facts justified him, he said, in urging that whatever the stage and whatever the diagnosis, whether syphilitic or otherwise, mercury ought to have a prolonged trial in all cases of choroiditis. It was very remarkable what excellent sight might be regained, in spite of the most extensive destruction of the membrane.—The PRESIDENT had met with cases of choroiditis in which no evidence of syphilis was obtainable, but which, so far as the ophthalmoscopic picture was concerned, could not be distinguished from those of syphilitic origin. He agreed with Mr. Hutchinson as to the value of mercury and iodide of potassium, even in a very late stage of choroiditis.—Dr. MULES was able to add to Mr. Hutchinson's list one more case of hæmorrhagic choroiditis. The patient was a young lady aged nineteen, under the care of his father. Choroidal hæmorrhage occurred at intervals of from four to six weeks, during which time menstruation was suppressed. About three or four months after the fourth recurrence of the hæmorrhage she died of apoplexy.—Dr. ARGYLL-ROBERTSON had seen numerous cases of choroiditis in which there was no specific taint. He thought that the area of the fundus chiefly affected might aid in diagnosis, the syphilitic variety affecting chiefly and by preference the periphery, whereas in the other varieties the stress of the disease fell upon the central part. In the syphilitic form also both eyes were generally affected nearly equally, and the patches were more or less symmetrically arranged in the two eyes; this was not so generally the case in the non-specific varieties.—Mr. WAREN TAY asked whether some exceptional cases of myopic choroiditis might not closely simulate the syphilitic form, and referred to one case, a lady, in whom no evidence of syphilis could be obtained, but whose choroids exhibited changes extremely like those caused by syphilis; her refraction was myopic.—Mr. HUTCHINSON, in reply, said he well remembered the case referred to by Mr. Tay, and fully agreed with him that myopia might induce changes very like those of syphilis. That fallacy was, however, excluded in the cases which he had cited by the fact that no myopia was present in any one of them. He could not agree with Dr. Argyll-Robertson that syphilitic choroiditis might be distinguished by its being usually peripheral. That due to inherited taint was often so, but that from acquired disease was often—indeed, usually—central. Although he had adduced evidence in support of that belief, he must confess that he did not feel quite so certain as Dr. Argyll-Robertson and the President appeared to be that there were cases which resembled syphilis and yet were not so. He thought that all such exceptional cases should be carefully recorded and the facts sifted, not only with the hope of deciding the syphilitic question, but of discovering other antecedents which might be the causes of the disease.

Dr. MULES (Manchester) exhibited ophthalmoscopic drawings and read notes of three cases of Primary Retinal Phlebitis. In two of these, clots in the veins were clearly seen with the ophthalmoscope. In the first and second cases the retinal changes cleared, leaving the patients

without ophthalmoscopic evidence of any visual disability; the fields of vision showed only well-marked central scotomata. The third case, occurring in a man aged eighty, was of exceptional interest, for, in addition to the phlebitis, there was an exudative choroiditis of a gouty character, the first instance in which such a condition had been substantiated. The author expressed a hope that more of these cases would be recorded, and a careful study made of the disease of the intra-ocular veins, concerning which our knowledge was as yet very scanty.—Mr. HUTCHINSON was greatly interested in Dr. Mules' account of his cases. Some years ago he had had several cases under his own care in which he thought retinal venous thrombosis had occurred, and in one of these the thrombosis had shifted its position in the vein during the time the patient was under his care.

The following patients and card specimens were shown:—

Mr. LANG: (1) Traumatic Enophthalmos with Retention of Perfect Acuity of Vision; (2) Fungous Growth in the Cornea; (3) Ophthalmoplegia Externa, with Retinal Changes.

Mr. GUNN: Peculiar Congenital Malformation of Eyeball, affecting Iris, Lens, Vitreous, and Fundus Oculi.

Mr. ADAMS FROST: Cases of (1) Gummata on the Iris; (2) of Retinitis Pigmentosa with Peculiar Visual Field.

Mr. PRIESTLEY SMITH: Sheet of Rules for School Children and Teachers.

Mr. J. R. LUNN: Coloboma of Iris, Secondary Cataract; Coloboma of Choroid and (?) of Optic Nerve Sheath.

Mr. DOYNE: Unusual form of Degeneration of Lens.

Mr. STANFORD MORTON: Two Cases of Blocking of Retinal Vessels associated with Albuminuria.

SOCIETY OF MEDICAL OFFICERS OF HEALTH.

AT the monthly meeting (President, Dr. W. H. Corfield) held on Jan. 8th, a paper was read by Dr. H. TOMKINS, officer for health for Leicester, upon Compulsory Notification of Infectious Disease. After referring to the fact that in 1879, when Leicester obtained its Act, the clause which made it compulsory upon the medical attendant to notify direct to the health authority was vigorously opposed by the combined co-operation of the whole of the profession of the town, and that all kinds of ills were foretold as the probable result of its operation, he stated that a very few years of its working sufficed to dispel all these fears, and to-day those medical men who ten years ago were amongst its most active opponents are now its warmest advocates, and willingly testify to the beneficial results obtained therefrom. The speaker went on to say that to the principle of notification probably very few members of the profession were now opposed, and certainly the public at large offered no opposition; the "bone of contention" was the manner in which the notification was to be made. He took the list of objections as set forth by the Parliamentary Committee of the British Medical Association as stating these objections in the strongest way and with the utmost weight that could be given them, though he took objection to these opinions being put forward as those of the whole of the members of that Association. These objections in the form of a memorial were presented to the President of the Local Government Board as a protest against the Bill brought into the House of Commons during the late session of Parliament under the care of Mr. Hastings. Dr. Tomkins then considered these objections seriatim, and showed that some of those put forward as facts were opposed entirely to the experience of towns where the dual system had been longest in operation, and that many of the objections advanced were founded only upon "opinions" or "beliefs"; that it was rather late in the day to come forward with theoretical objections as to what might happen if this system were enforced, seeing that there are at the present time some 4,000,000 of the population with these powers in force amongst them, and that the general verdict from these places is strongly in favour of their usefulness and of the desirability of their extension to the country at large. He laid considerable stress upon the fact that the suggestion which the opponents usually make—that the notification should be from the householder or friends of the patient—fails to recognise that in the majority of instances the information would come indirectly from the medical attendant, and that thus it would be necessary to make provision that the doctor must be held responsible to inform his patient, and thus compulsion is again come round to, the only difference being that the doctor would be compelled to notify to the patient instead of to the health authority; and further, it complicates the machinery by which the information reaches the health authority. He cited the actual and demonstrable good results achieved in Leicester, Newcastle, York, Salford, and other places, and showed that deductions based on statistics only were most misleading, as the proper data for arriving at conclusions from figures alone are not yet available. He concluded by adducing strong reasons why extension of compulsory notification to the whole country should now be made, and not be left to the voluntary action of individual communities.

Reviews and Notices of Books.

Clinical Lectures and Essays on Diseases of the Nervous System. By JOHN SYER BRISTOWE, M.D. Lond., LL.D. Edin., &c. Pp. 403. London: Smith, Elder, and Co., 1888.

THOSE who are familiar with Dr. Bristowe's excellent treatise on the "Theory and Practice of Medicine" will feel no surprise at the subject of his present volume. In the preparation of the former book the amount of care devoted to the study of the recent literature of the nervous system, more particularly to the writings of Charcot and his disciples, indicated that the then novelty of their views deeply impressed him, and the subsequent papers which appeared in various quarters from his pen showed that all the cases of nervous diseases which came under his notice were being interpreted by the newest lights, and were regarded as being pre-eminently those which would yield the best results to careful clinical study. His original idea was to supplement his work on Medicine by a separate volume of cases illustrative of its various chapters, but this ambitious task he relinquished as likely to prove a wearisome and barren labour; and we cannot but be grateful that he has spared himself the preparation and his readers the perusal of a work of such magnitude, and, we venture to think, of such little interest. In these days it is a sufficient ordeal to collect facts and theories for a treatise on general medicine; to attempt to give point to the facts and theories by illustrative cases demands a wider range of experience than can be expected from the most extensive hospital and private practice.

Dr. Bristowe rightly considers that the chief educational interest in clinical work lies in the demonstration of progressive enlargement of knowledge and in learning the lessons taught by groups of cases, irrespective of whether the lessons are or are not in accordance with preconceived opinions and former teaching. Every step in advance must show the wisdom of discarding or adapting opinions formerly held; every fresh recognition of the importance of some particular group of symptoms immediately throws a flood of light upon cases which have been imperfectly understood, although they may have received the classical explanation currently held. Hence, with a widening grasp of recent work, it became almost a matter of necessity that this book should be compiled, if only for the education of students who are apt to consider that all they learn is finite and unalterable.

The lectures and essays are from very various sources. They are in most cases reprints: some from the Transactions of different Societies; many from *Brain* and from our own columns; while the source of a few is not mentioned, and they presumably now appear in print for the first time. The opening address on Hysteria and its Counterfeit Presentments formed the Cavendish Lecture which was delivered in 1885; and although the author professes that he will not define hysteria, he yet assumes a tolerably good definition—"an unstable condition of the nervous functions indepen-

dent of organic changes in the nervous system"; and he amplifies this so as to allow the various parts of the nervous organism to be separately and temporarily affected. The principle upon which the book has been written can be well illustrated by reference to this lecture. It includes more or less detailed description of sixteen cases; these are not all hysterical, but they all bear distinct resemblances to hysterical conditions. Thus, after describing a case of true hysterical somnambulism, another of epileptic somnambulism is given for comparison. Again, two cases of rapid action of the heart in enteric fever and in pernicious anæmia respectively are compared with a case of paroxysmal hurry of the heart of some years' duration, and apparently of hysterical origin. Each case is noteworthy, but it is rendered doubly interesting by the apposition of another which possesses broad resemblances, whilst it owes its origin to a different cause. Subsequent lectures continue the study of hysterical states, but the fifth lecture, reprinted from *Brain*, groups together three cases of ophthalmoplegia externa of extreme interest; one occurring with Graves' disease, and marked by hemianæsthesia, sickness, and high temperature; another in which prolonged rise of temperature was followed by epileptic fits, and subsequently by chorea; the third with partial anæsthesia, gastric crises, and intense dyspnœa.

Considering that 135 cases are described, and that many of them are repeated in different connexions, it is obviously impossible even to indicate the range of subjects touched upon. Tubercle affecting the meninges or the brain forms the subject of several papers. The three cases of recovery from symptoms which pointed to the existence of progressive organic cerebral disease are extremely suggestive and valuable. There can be little doubt that they would have been regarded as tubercular meningitis without question had they not recovered. It is extremely instructive to compare these three cases of recovery with the details of the ten cases described in Chapter 16, which ended fatally, and were verified by autopsies. The chapter on diphtheritic and related forms of paralysis will also be found to repay careful perusal, the variety of the symptoms resulting from diphtheritic paralysis being well illustrated by the records here placed side by side.

From a wealth of material Dr. Bristowe has judiciously selected for republication cases which bear comparison and study. As a rule, he leaves them to tell their own tale to a large extent, adding what might be regarded as editorial explanatory notes and brief comments. The book is essentially clinical, and is marked wherever necessary by a candid avowal of former errors and a true scientific spirit, ready to make the most of every detail brought under observation by careful consideration of others which are analogous. We miss the author's many studies of locomotor ataxia which were published in current medical journals, but we are none the less grateful for the present volume; perhaps locomotor ataxia is reserved for subsequent treatment by itself. The absence of an index is to a large extent compensated for by the very full and lucid table of contents.

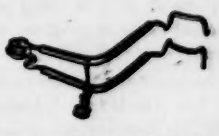
Pulmonary Phthisis: its Etiology, Pathology, and Treatment. By ALEX. JAMES, M.D., F.R.C.P. ED. Edinburgh and London: Young J. Pentland. 1888.

THIS monograph is sure to attract a good deal of notice, and it is undoubtedly an excellent one. The most successful part of the book is perhaps that which treats of nutrition as a factor in the evolution of phthisis. The position Dr. James takes is well stated in his opening sentence, where phthisis is said to be "due to a condition of deficient nutrition, permitting the growth and reproduction in the lung tissue of a lower form of organised life." The author goes on to observe that pulmonary phthisis is most apt to occur when growth passes into maturity; and, the excessive nutritive power necessary to growth being expended, the lung tissue nutrition is least able to resist the inroads of the bacillus. This tendency of tubercular disease to arise at the period when the assimilative powers required for growth become, or are just becoming, expended, is further illustrated by an exhaustive reference to its occurrence in the brain, the intestines, larynx, testes, and joints, the points being developed with a lucidity and freshness which render the whole of the chapters on etiology very interesting reading. More briefly, but with equal clearness, the author deals with the pathology of phthisis, and here it is satisfactory to note his conclusion in regard to the place of the bacillus of Koch, that "its importance as a factor in the etiology, course, and treatment of phthisis is subordinate to that of the tissue nutrition." The chapter on the Types of Phthisis is admirable from a clinical point of view. The remaining half of the book is devoted to the symptoms, complications, and treatment, which are taken collectively. The way in which physiology and pathology are brought forward in explanation of the first two of these divisions must prove helpful to the reader, especially the references to the salutary effects of some of the conditions mentioned. The treatment recommended is, on the whole, sound, and shows no undue leanings. But it is perhaps here that the most unequal work in the book is to be found. Some portions are fairly open to adverse criticism, amongst which may be named the inadequate consideration given to the treatment of the pyrexia; the advice, by no means safe, to give opium for quieting the respiratory nerves in the dyspnœa of the later stages; the lying with the head low during hæmoptysis, and some other details which will bear revision. At the same time, there are no traces of hurried work in the book; it is well and forcibly written, never tedious, and its contents are well balanced. The monograph will assuredly add to Dr. James's reputation as a sound clinical teacher.

New Inventions.

A NEW EYE SPECULUM.

THE spring eye speculum in common use, although a very perfect instrument for general ophthalmic work, has, I think, two distinct disadvantages when used in a cataract operation, which are inseparable from an instrument applied from the outer side of the eye. The first disadvantage is the difficulty experienced by the assistant in removing all pressure of the speculum and spasm of the lids from the eyeball at the critical moment of expulsion of the lens, and so preventing as far as possible escape of the vitreous and a too rapid delivery of the lens. The handle of the instrument, being placed beneath the operator's hand, cannot be reached by the assistant without to some degree disturbing the operator. The second disadvantage lies also in the position of the instrument. On just the part of the cheek on which the operator's hand would most conveniently rest and steady itself is placed the handle of the speculum. The modification which I have suggested, and which has been found to answer very well, is shown in the illustration. The instrument is applied from the nasal side of the eye, and has consequently a special curve to enable it to cross in front of the nose without touching that organ. The assistant, standing at the opposite side of the patient during the operation, manipulates the speculum without interfering in the least with the operator, whose hand also has freer movement, and is not hampered by the presence of any instrument on the cheek. The instrument is neatly made by Messrs. Maw, Son, and Thompson.



Leeds. H. SECKER WALKER, F.R.C.S.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 9, 1889.

THE letters which we have published for some weeks past, and to which is applicable the cry "Still they come," on the need for protection of the medical profession, are not pleasant reading. We would gladly believe that such letters do not represent the experience of a large number of the profession, and that they exaggerate the struggles which practitioners have with circumstances. But where there is so much smoke there must be some fire, and we reluctantly conclude that there is an unpleasant amount of truth in the representations. They accord too well with the fact that the additions to the profession annually are more than double the losses by death, and in most places out of proportion to the increase of population. We are no pessimists. We think it an error alike of policy and morality to be gloomy in one's forecast. We believe that the world is much wider than has yet been realised, and that the medical art will long continue to be one of the most indispensable to mankind. But it is idle to deny that there is much in the present position of the profession that needs improvement, and that it is entitled to much more respect and consideration from the public than it obtains. It is especially entitled to more remuneration than it receives. The imperiousness with which medical service is demanded in emergencies is notorious. Let the slightest accident happen, and every medical man in the neighbourhood is to suspend all his interests and attend to it. He may be in his bed, or be carving dinner for his children or his friends, but go he must, and go he *does* in nine cases out of ten. And, as in the illustrious case of Scripture, too often this is the proportion of those who fail to show their gratitude. "Were there not ten cleansed? But where are the nine?" Is this the normal gratitude of mankind? We should be sorry to think that, after close upon nineteen centuries of Christian morality this is the fixed maximum of human thankfulness. But we still have to complain that the profession which is most self-denying, which is at everybody's call, which braves all the dangers of infective disease, which works by night as well as day, is miserably paid, and that people who are saved by it from actual death show often an evanescence of gratitude and a meanness of the sense of obligation which are incredible, and which are scarcely shown to any other class.

Let us look for a few moments at the remedies proposed for this state of matters, and for the tendency manifested to get medical help for nothing, or on terms which are unjust and disrespectful to men of education. One of our correspondents thinks that the great remedy is to prohibit practice without registration. The very general opinion of correspondents is that the disunion of the profession is most to blame for its depression. One or two writers think that we want an association, a strong society, or a league, founded at a monster meeting of the profession—say at Birmingham. "A Doctor of Medicine" thinks we have "associations" already which, whatever else they have done, have done little to define and enforce the laws of honourable and dignified practice. He thinks it might be better policy to support the Medical Council, and to urge it to seek more powers, or to use more energetically the powers it possesses against various forms of quackery. Another writer, under the initials "J. H.," thinks it almost hopeless to attempt to reclaim those practitioners who are willing to lower themselves and to drag the profession to any point of degradation; but he considers the working man to be more alive to the folly and danger of cheap doctoring than is generally thought, and that the best way is to offer him good service. The enormous competition of medical charities is blamed by nearly all our correspondents, who think the time has fully come for insisting that this shall cease. No one wishes to curtail the hospital accommodation for the poor who have been overtaken with calamitous sickness or accident; but the admission into hospitals of those who are capable of paying fees, and the large relief given in the out-patient department to those whose cases require no such accommodation, are demoralising to the patients, unjust to the profession, and are endangering the reputation of our great medical charities. If care is not taken, the poor will be ousted from our hospitals and be replaced by those for whom they were never intended. What would GUY think of the hospital he so splendidly endowed if he could know that in the richest century and city of the world wards have to be closed for the poor and offered to those who can pay three guineas a week? Some of our correspondents, notably Dr. HARDWICKE and Dr. BATEMAN, display a wonderful faith in legislation. The former would, by force of law, forbid any person who is not registered to prescribe or perform any surgical operation; any chemist to dispense a prescription which is not first signed and dated by a medical man, each repetition of the medicine to require the repetition of the signature. He would forbid any practitioner to dispense his own medicines, save in emergencies; any general practitioner not a Graduate or a Fellow of a College to act as a consultant; and any consultant to see a patient save with the ordinary attendant. Finally, he would have tariffs of fees fixed by legislation. Has Dr. HARDWICKE ever asked himself whether it would be possible to get such legislation, and, if possible, whether it could be enforced in a democratic age and in a very free country? Theoretically, it is desirable that doctors should prescribe and chemists dispense medicine, but Mr. NICHOLLS was startled by the proposal that such a law should be enforced in a country where the apothecary until lately has been the recognised ideal of a practitioner. We have seen much of attempts at medical legislation, and the best advice we can give to the profession is not to look to that quarter for much help. We must help ourselves. The Courts have decided that the Medical Council is the sole judge of infamous behaviour in a professional respect. This should embolden the Council to punish more extensively those who violate all reason and all professional traditions in their mode of practice. The profession would have a large and important section of the public at its back in demanding that the hospitals and free dispensaries should restrict themselves to cases really fit for charitable treat-

ment. This would greatly increase the field of general practice, and it would bring many fees into the hands of younger surgeons, for, unless report is altogether false, some consultants, rather than take a modest fee from the patients, take them into a hospital and operate gratuitously. For the rest we must rely on ourselves. Union in the absolute sense is not to be expected among 25,000 men with no absolute and uniform authority to bind their conduct, but unanimity in denouncing unworthy methods of practice ought to be cultivated in every town and district, in conferences of local practitioners, and by courtesy in mutual help in all the vicissitudes of professional life. We cannot do better than take Mr. NICHOLLS' definition of the unanimity wanted: "We want the unanimity that will prevent twenty men rushing after an appointment which another man resigns because it does not pay; we want the unanimity that will prevent one man poaching on another man's manor; we want the unanimity that will prevent a man openly accusing his neighbour of improperly treating a case; we want the unanimity that will prevent a man with some means settling in another man's district where there is no scope, and by *underbidding* trying to obtain patients from brother practitioners who have bought old-standing practices; we want the unanimity that will prevent men from charging 4*d.* and 6*d.* for a bottle of medicine, 1*s.* for a visit, and touting for confinements at 5*s.* and 7*s.* 6*d.* each. If this unanimity could be obtained, we should be quite able to protect ourselves."

THE striking phrase "sterilisation of the unfit," which has of late obtained currency, suggests reflections which, however unwelcome, cannot be ignored by any well-wisher of society, and least of all by the members of the medical profession. They see and realise what others often only talk about; and what to the philanthropist and the politician is frequently only a dimly apprehended vision of evil is to them an ever-present reality. The profession has a further advantage with a correlative responsibility. It sees the springs of evil at their fount, and watches the budding of the blossom which is destined to bear so baneful a fruit. We propose to glance briefly at the subject of the propagation of disease, and to form some estimate of the responsibility which the facts educed compel the practitioner of medicine to admit. We are far from approaching the subject in any alarmist spirit, believing as we do that the social state was never more healthy than to-day, and that the influence at work in mitigation of its admitted evils was never so active or so well directed as now. Further, we shall have occasion to point out that the responsibility of the medical profession, apparently so overwhelming, is in practice limited and impeded by influences entirely beyond our power of control. We can do much, but no one demands from us the achievement of the impossible.

All clear teaching on this subject hinges upon the doctrine of the hereditary transmission of disease—a doctrine now incontestably established, but by no means accorded the general recognition and the great importance which it so clearly merits. Like produces like. The healthy parent is likely to have healthy offspring; the unhealthy parent tends to transmit his or her defective type of physique. Long ago the poet HORACE warned his countrymen of this obvious, but often disregarded, truth:—

> "Fortes creantur fortibus et bonis
> Est in juvencis, est in equis patrum
> Virtus, neque imbellem feroces
> Progenerant aquilæ columbam."

But the enumeration of the vague truth that disease tends to be perpetuated in the line of descent will make little impression on the public mind. What is wanted is precise teaching as to the particular diseases in which this law is peculiarly manifest, and some estimate as to the probable extent of the risk. Few individuals are typically healthy, few families are altogether free from some morbid taint. So true is this, that many persons who, in contemplating marriage, are brought face to face with the unpleasant risk which the intended union may involve to their children, are apt to take refuge in the reflection that such perils are part of the lot of humanity, and cannot be guarded against. If, however, such persons—presuming an honest intention to do right and avoid a grievous responsibility—were authoritatively informed that the risk in certain cases is so great that it cannot justifiably be run, probably some at least would refrain. Let us consider the case of a few of the diseases in which a hereditary tendency is most manifest—viz., syphilis, phthisis, gout, and insanity.

As regards the first of these diseases, the teaching of science is so definite and so incontestable that, if it were generally diffused and universally followed, hereditary syphilis would speedily become a pathological curiosity. Our standard text-books teach clearly that in certain stages of the disease transmission is almost a certainty, and, on the other hand, that after a proper course of treatment a stage is reached when marriage may be safely undertaken. It is the obvious duty of every member of the profession to make himself familiar with this teaching, and to urge its natural deductions with earnestness and faithfulness in every suitable case.

As regards phthisis, we have tolerably definite evidence, the proportion of hereditary cases being estimated at from one-third to one-half the total number. Hence it is clear that a patient with developed phthisis is certainly not justified in marrying. A further consideration comes here into view—viz., that the risk to the offspring is immensely increased if there be a consumptive tendency on both sides. A healthy member of a phthisical family may marry without blame, but he incurs an imprudent risk if his partner, although enjoying personal health, is also of infected stock. This is a point which would repay the efforts necessary to impress it upon the public mind.

Gout is certainly hereditary in a very large proportion—some say one-half the total number—of cases. The probability that a gouty parent will transmit his diathesis to his children is considerable; and the same is true of insanity. As regards mental diseases in general, it is desirable to recollect that a morbid neurosis is not the less certainly hereditary because it displays itself under different forms in different generations. One generation may exhibit epilepsy or alcoholism, while the next shows well-developed insanity. It will generally be found that the near relatives of the insane display varying degrees of nervous instability.

We will not attempt to probe deeper a subject that abounds in peculiar difficulties. We sympathise with those

who resolutely put it out of sight; but we feel sure occasions frequently arise in which any ambiguous language regarding the tremendous issues involved would be unworthy of the best traditions of the profession of medicine. We grant all that has been so often urged regarding the futility of interfering with the natural instincts of men, and we are fully conscious of the grave evils which would ensue from a multiplication of the already numerous obstacles to marriage. Yet we plead for truth. We cannot ignore the fact that the true teaching on this subject must come from us, if it is to come at all. No doubt our advice is often sought by those whose minds are already made up, and who will pursue their way in spite of our most earnest warnings. Be it so; but our duty to instruct and forewarn is not less clear. We are responsible for the diffusion of the light that is in us, and for the employment of our peculiar authority in promotion of the purification and well-being of human society.

THE appointment of the London County Council is now the text for many a sermon on the circumstances of the metropolitan poor. Thus, Viscount LYMINGTON, writing in the February number of the *National Review* on the housing of the poor, claims that the London County Council might well take over the prison sites referred to in the Report of the Royal Commission on the Housing of the Working Classes. Assuming that this opportunity were given to the County Council for the erection of artisans' dwellings in accordance with the provisions of Lord Shaftesbury's Acts, it is obvious that the relief which would be given to overcrowding in London would be of a temporary rather than of a permanent character, and would not do more than touch the fringe of the much larger question, the proper housing of the working classes, to which the County Council must sooner or later direct its attention. Lord LYMINGTON well shows the large proportion of the wages of a working man which is expended upon the one item of rent, and states that this is peculiar to London. While in the metropolis the average rental of a single room is upwards of three shillings a week, that of other towns is less than half that amount, and there is a tendency therefore in London for families to be crowded into one room, which does not obtain elsewhere.

We may assume it is not within the scope of the London County Council to endeavour to reduce any increase in the value of land or houses which may have resulted, for instance, from the leasehold system; but it may be remembered that the absence of proper control over building operations is in great part responsible for this increase, and for the large rentals which have eventually to be paid by the occupants of dwelling-houses. Land has come to possess this value for the reason that in the greater part of the metropolis it may, with the exception of roadways, be covered with buildings for which generally there is no limitation of height. If the single requirement of open space in the rear of all houses had been enforced throughout London, the overcrowding on a given site would have been immensely reduced, and the centres of employment would have been more widely scattered over the whole metropolitan area than they are at present.

Much more might, no doubt, be done for the relief of local congestion of population by the construction of cottage homes in the suburbs of London—a work which has already been begun, and so far as its operations have extended successfully accomplished, by the Artisans and General Dwellings Company. This company has proved that State aid is not required for the housing of many thousands of people who are now aggregated in London; the temptation of living in a small cottage at a low rental has ensured for this company an ample return for money invested; the preference shares, we learn, pay a regular dividend of 4½ per cent. and the ordinary shares 5 per cent. If the great number of people who are not obliged to live near their work were given facilities by railway companies for living under more favourable conditions beyond the limits of the metropolis, the demand for tenement accommodation would be so far lessened that single rooms would no longer be let at more than twice the rental they would fetch in other towns.

By the enforcement of the powers of which the Council is already possessed the dilapidated house, which is now everywhere to be found in the poorer parts of the metropolis, would cease to exist. The vestries have in many districts failed in this branch of their duty; and the County Council may well put in force the provisions of the recent Act which enables them to control this condition. If the inmates of these unhealthy dwellings were educated in this manner to appreciate the advantages of wholesome habitations, it would not be long before they availed themselves more readily of the opportunities afforded by companies such as we have mentioned. The effect of the carrying out of the provisions of Acts relating to existing buildings is not less important than that of those which deal with new ones. Over both the County Council can exercise a material influence, and this indeed is expected of it.

Now that the London County Council is completed, we may trust that little more will be heard of party struggles. The vast social questions which a careful administration will eventually settle do not concern the "progressive" more than the "moderate" councillor. The Council reckons amongst its members many able and trusted men, who are well fitted to think out the requirements of London, and administrators who have already had ample experience of the manner in which effect may best be given to the views of the whole body. There appears no reason why Mr. RITCHIE'S great measure of reform should not confer the benefits upon the metropolis which its author intended. The Council must show itself worthy of this trust by organising an administration of an effective kind, and, if in the future its powers should be found to need extension, it will meet with no difficulty if it have the confidence of London.

SENHOR T. DE CAVALHO, director of the S. José Hospital, Lisbon, having been transferred to another post, Senhor João Ferraz de Macedo, Professor of Therapeutics, has been appointed as his successor. According to the *Correio Medico*, the new director has always taken great interest in hygienic questions, and is an advocate for a reform of the system of resident medical officers, so that it is likely that some changes may be introduced. His management of the Maria Pia Hospital, of which he has had charge, was so admirable that great hopes are entertained of his proving himself a good administrator at the S. José.

Annotations.

"Ne quid nimis."

ARMY MEDICAL SERVICE.

By the Army Orders issued from the War Office on Feb. 1st, some modifications have been introduced into the regulations for the examination of surgeons and surgeons-major for promotion. The examination is to be conducted entirely by printed questions, the answers to which, forwarded under a sealed "confidential" cover to the Director-General, are to be submitted to a board of experienced officers for a report as to the competence of the officer so examined. This will, of course, relieve the Director-General from all responsibility as to the officer's fitness for promotion, and from any imputation of personal bias in the case of rejection. In addition to this, the exemption from examination which has hitherto been granted to Fellows of the Royal Colleges of Physicians and Surgeons has been extended. It will now include all officers possessing "the degree of Doctor of Medicine or Master in Surgery of any University in Great Britain or Ireland granting such degrees under a higher standard of examination than that for M.B. or B.Ch., or the Membership of any Royal College of Physicians, or the Fellowship of any College or Faculty of Physicians or Surgeons of Great Britain or Ireland, granted under similar conditions in regard to their respective licentiates." This exemption is made applicable to all officers, even "although they may have previously failed to pass the Service Examination." This latter provision appears to furnish a court of appeal from the decisions of the Board of Examiners already referred to. It is certainly open to the objection that the various bodies included under it, however competent to test the purely professional qualification of the officers, can hardly be supposed to be able to judge of their departmental fitness for the duties of the higher grade. Exemption from an examination in hygiene as part of that required for promotion is now granted to officers holding the "diploma in Hygiene and State Medicine, or any corresponding diploma of any University or College in Great Britain or Ireland, such diploma being granted after examination."

MEETINGS OF FELLOWS AND MEMBERS AT THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

It is high time that the hand of reform should make itself felt in respect of the meetings of the Fellows and Members at the Royal College of Surgeons of England. Section 17 of the Bye-laws of the College of Surgeons is conceived and formulated in a spirit of exclusiveness and severity, by granting absolutely to the President of the Council, or to the Council, the power of initiating, controlling, or forbidding any subject matter of debate by the Fellows and Members within the precincts of their College. Moreover, what is more intolerable still, the Council may ignore or not, at their pleasure, the results arrived at by the majority of votes given by the Fellows and Members at the meetings convened and conducted in accordance with Section 17 of the Bye-laws, so that the body corporate of the Royal College of Surgeons of England is absolutely deprived of all initiation, control, or veto in regard to the conduct and policy of their own College. This despotic power on the part of the Council, this indignity offered to every Fellow and Member of the College of Surgeons, ought, we think, to cease at once. The breach between the Council and the body corporate is widening day by day. With the view of closing this breach, let us advise that a policy be pursued by the Council of the College diametrically opposite to the one suggested by two of their own body towards the Fellows and Members. Instead of prohibiting, or trying to prohibit, meetings of the Fellows and Members within the College, let such meetings be encouraged, and let effect be given to the results arrived at after fair discussion. It has been suggested, in our opinion with some reason, that the constitution of the College of Surgeons might advantageously be reorganised on the basis of that of the College of Physicians, so that the Fellows might assemble in quarterly meetings, and each of them exercise an effective vote. Any expansion of the power of Fellows of the College is an extremely easy process, for they only possess, as has been so frequently shown, the ephemeral right of voting for election of members of Council. This change, if adopted, would be a most wholesome one, in accordance with the early spirit of collegiate reform, and might be relied upon to bring the Council into closer touch with outside opinion. Even such an alteration as this, however, would not, if effected, secure to the Members the rights which they justly claim. The Fellows and Members of the College who are in direct antagonism to the Council would have welcomed the passing of Sir Spencer Wells' and Mr. Lund's motion to put an end to the annual meetings of Fellows and Members. Fortunately for the Council the motion fell through. Had it passed, the majority of the profession would have been so aroused that the injustice would have speedily moulded into shape the machinery for the mending of the Council. The annual meetings of the Fellows and Members of the College of Surgeons in their own College have, without doubt, been the means of admitting some few rays of light into the silent Council chamber; some of the tenants thereof have found this light too strong for their eyes, and they have endeavoured to persuade the Council to close and bar their shutters again. It will not be surprising if an early opportunity is taken for the purpose of opening the collegiate shutters more widely instead of closing them We sincerely trust that wiser counsels may yet prevail, and reforms be welcomed by the Council of the College of Surgeons; that Fellows and Members may not be driven from their own home by customs that are not customary at the present date in any assemblage of educated surgeons; that the Council may at last recognise that by increasing the power of their Fellows they are assuredly enhancing the real value of their Fellowship; and that in honouring their Members they are at the same time honouring themselves. On these bases alone can a settlement of the dispute between the Council and the reformers take place—a dispute which is, and has been, in no small degree intensified by the impolitic demeanour of the majority of the College Council.

SECONDARY RESECTION OF LARGE INTESTINE AFTER GANGRENE.

Mr. J. M. Cotterill brought a most interesting case before the Medico-Chirurgical Society of Edinburgh in December last. An extremely stout woman aged thirty-eight was admitted with strangulated umbilical hernia into the Edinburgh Infirmary on April 14th, 1888. The woman, who was pregnant (seven months), had had umbilical hernia for seven years, but the recent symptoms commenced after a slip in walking about ten days before admission. She had not vomited during this time, and only did so once after she entered the infirmary. Her pulse and temperature were rising. Fifteen inches of gangrenous colon with gangrenous omentum were removed, and the cut edges stitched to the abdominal wound, the parts which had been in contact with extravasated fæcal matter being carefully cleansed by a perchloride solution. The patient suffered severely

from the effects of the operation, miscarried on the third day, losing much blood, then improved until the sixth day, when after a severe rigor she developed phlegmasia dolens of the right and then of the left leg. She made a good recovery, and, after three months' stay at home, returned with a request that the artificial anus might be operated upon, as she suffered great discomfort from it. For ten days before the operation of resection of the intestine she was fed on peptonised fluids, partly by mouth and partly by enema. Castor oil and enemata were frequently used to keep the bowels well cleared. The operation, performed on Sept. 20th, presented difficulty from the contracted condition of the lower end of the colon. The ends were carefully freed and washed. A piece of thin rubber tubing was passed round the gut through a small hole in the mesentery, and four inches removed from the upper and three from the lower end of the gut. Czerny's method of suturing was employed, and over 100 stitches put in, in a double row; the cut edges of the mesentery were then sutured, and the gut replaced in the abdominal cavity. Some fever and restlessness followed, but the patient passed flatus next day, and a liquid motion the day after. Peptonised fluids were alone given for three weeks after the operation; the diet was then improved, and she left the infirmary cured on Nov. 25th. Mr. Cotterill recommended in such cases the performance of an artificial anus and later resection, and referred to the tables given by Mr. Makins, and to successful cases by Messrs. Hardie, Kendal Franks, and Weir.

THE DEATH OF THE CROWN PRINCE RUDOLPH OF AUSTRIA.

MUCH might be written upon the political and social consequences of the sad end of the late Crown Prince Rudolph. It is inexpressibly sad that a man in the prime of life, and heir-apparent to the imperial purple of Austria, a man beloved alike by his father and family and people, should find himself unable to cope with the trials incidental to the position of life in which fortune or misfortune had placed him. So many conflicting reports as to the circumstances immediately or remotely underlying the rash act by which the deceased Prince compassed his end have been circulated, that it is difficult to assign the real cause or causes of the calamity. It goes without saying that Prince Rudolph's mind, for the time being at least, was unhinged, and that he was impelled to the fatal deed by promptings that he could not restrain. Except to those in possession of his confidence and of the knowledge of facts as regards his political, social and family relations, it is hazardous to frame a theory to account for all the circumstances—acknowledged and alleged—which surrounded his untimely end. The psychologist, seeking for links to form a continuous chain of evidence, would first inquire whether there was any inherited tendency to the development of insanity—that is to say, whether the mental constitution of the deceased was one likely to manifest itself in abnormal or morbid functional activity. He would inquire into the existence of inter-marriages between people of neurotic dispositions. Perhaps the best instance of the results of such alliances is to be found in the history of the Royal House of Spain, so graphically sketched by Ireland in his work "The Blot on the Brain." In November last it is said the Prince met with an accident by falling from his horse on to his head. If this be true, it is not unlikely that the severe headaches that he is reported to have suffered from were consequent upon the fall. It may have been that these headaches were dependent upon meningeal irritation of traumatic origin. Long-continued pain, especially when seated within the cranium, is sure to bring with it other manifestations of nervous derangement, which may culminate in impulsive suicide. We would fain hope that this may with truth be regarded as the be all and end all of Prince Rudolph's insane act. It would serve no useful purpose to further ventilate the real or fanciful episodes which have recently been so widely circulated as factors of Austria's national trouble.

We cannot forbear a word of special regret when we recall the interest of the Prince in science, and particularly in medical science, as many of our countrymen will remember who had the pleasure of seeing him as President at the sixth International Congress of Hygiene in Vienna and hearing his profound and memorable words: "Man is the most precious capital of the State and of society in general." We may reproduce the words which followed these, if only as an indication of the aberration of the Imperial mind when it yielded to the impulses which have had such tragical consequences: "Every individual life represents a certain value. To preserve this as intact as possible to its furthest limit is not only a command of humanity, but also the duty of every community in its own interest." We must give all honour to the physicians, who had high notions of duty, and who did not dare to lie. We cannot believe that the Emperor will permanently regard them the less for doing what was so obviously right. But, whether or not, they have satisfactions above those even of Royal favour. By the profession in every country they will be esteemed as having obeyed, and yet only obeyed, the first principles of professional as of all morals.

ACUTE YELLOW ATROPHY IN CUBA.

IN an interesting essay—a thesis for the M.D. degree, University of Havana—Señor Emilio Martinez y Martinez discusses the possibility of primary acute yellow atrophy of the liver, terminating in a cure. The disease would appear to be very much more common in Cuba and other tropical countries than in Europe; but, on the other hand, the cases which do occur in Europe are usually secondary to some other affection, while those occurring in the tropics are frequently of an idiopathic or primary nature. Though only one case is said to have occurred in the London Fever Hospital out of a total number of 27,500 cases, and though is affection is extremely rare in France, the Civil Hospitals, of Havana received in ten years no less than fifty-eight cases; in the Paula Hospital of the same city, which is for women only, but two cases occurred in ten years. It would thus appear that in Cuba the disease is more frequent amongst men, while in Europe it is said that women are more frequently attacked. The rainy season is the time when most of the cases occur in Cuba. Señor Martinez mentions that he has found that one of the earliest and most constant symptoms is dilatation of the pupil; in one case this occurred quite at the commencement, and continued throughout, being associated with amaurosis, which rendered it impossible for the patient to distinguish even large objects. The eyes were examined by the well-known ophthalmologist, Dr. Santos Fernandez, editor of the *Crónica Médico Quirúrgica*, who found that there was no lesion except a moderate amount of ischæmia of the optic papillæ of both eyes. One of the most constant symptoms is polyuria; indeed, this may be considered as critical. A great increase in the quantity of urea secreted is perhaps even more characteristic than the polyuria. In one case the urea increased in one day from eight grammes to thirty-two; the next day it was sixty-nine, and the next seventy-four. The volume of the liver always increases at first in grave cases; its bulk then diminishes rapidly to below the normal. The diagnosis of acute yellow atrophy of the liver is not always easy; it may be confounded with malaria or

with yellow fever; it is to be distinguished from the former by the presence, in yellow atrophy, of delirium and insomnia, and the absence of enlarged spleen. The effect of quinine is sometimes a useful guide, and the examination of the blood for Laveran's hæmotozoa may also help in the diagnosis. The distinction between yellow atrophy and yellow fever is often very difficult. In yellow atrophy the fever is irregular, the nervous phenomena constant and early, the vomiting occasional only, the albuminuria rare and slight, the fæces discoloured, and leucine always present in the urine. In yellow fever there is a constant remission on the fourth day, the nervous phenomena are rare and late, the vomiting early and constant, albuminuria is constant thirty-six hours after the invasion, and there is no leucine. Until comparatively recently, acute yellow atrophy was considered to be a necessarily fatal disease; but, as the statistics of the Havana Civil Hospital show, this is by no means the case, at all events when the affection is idiopathic; thus, of the fifty-eight cases admitted, there are no less than eleven recoveries, and one is returned as "improved." Though Dr. Martinez does not seem to think that treatment has any very great effect, he considers that the main indications are to use cathartics at first and tonics afterwards.

SHOCK IN RELATION TO DENTAL OPERATIONS.

THIS subject, which has received but little attention, though of considerable importance, was brought forward by Dr. Trueman in an able paper at the Odontological Society of Pennsylvania at the November meeting. Under this heading he included not merely the collapse which may follow an operation or extreme emotion, but the lesser yet more prolonged depression of the mental powers and the circulatory system. To illustrate the importance of the matter he quotes a case occurring in Dr. Black's practice. A young lady at her own urgent request had three hours' continuous operation, some part of which was intensely painful. She was then dismissed for a couple of hours and returned promptly. After about another hour evidences of collapse appeared and the operations were suspended. On the route home she became worse, and remained in a "stupid condition" for four or five days, after which she passed into a nervous fever for several months. This is doubtless an exceptional and extreme case; but all dentists know of cases, by no means infrequent, of persons exhibiting great weakness and depression after prolonged dental operations. The craze for enormous gold operations, taking five or six hours' continuous sitting, has, Dr. Trueman hopes, passed by, and he advocates that an operation should not last more than two hours, and that an interval of several days should elapse before another is undertaken, so as to minimise as much as possible the effects of the resulting nervous strain. Referring to the shock caused by extractions, he says the shortness of the operation may lead some to regard it as of little moment. A few favoured individuals will sit down and have a tooth drawn with the greatest equanimity, but as a rule there is great mental strain in advance, and great shock during the operation, and he condemns the practice of removing a large number of teeth at one sitting. Discussing the profession of dentistry as a calling, he considers it one of the most trying. Standing for hours, it is an unbroken effort of the mental and physical powers of the operator in almost constant conflict with similar disturbed relations of the patient; meeting all sorts and conditions of men, women, and children—the women all nerves, the men all impatience, and the children all frightened,—it is not to be wondered at that many fall away from the ranks in comparatively early life. This is perhaps rather a gloomy view of the matter, but there is a great deal of truth in it.

POST-VACCINAL ERYSIPELAS.

A FATAL CASE of post-vaccinal erysipelas has been the subject of a report to the Local Government Board by Dr. Ballard.[1] The child was vaccinated at its own house by the public vaccinator a week before the ordinary vaccination attendances, this domiciliary work having been done with a view to securing a lymph-supply for the stational work; and the vaccinifer was an infant of four months. The story of this vaccinifer (A) is noteworthy. In common with two other children, A had been vaccinated a week before with humanised lymph obtained from the Association for the Supply of Pure Vaccine Lymph. In the case of one child the vesicles had broken, and were unavailable for the supply of proper lymph; in a second the vesicles were so retarded as to be similarly useless; and in A's case an areola of from one-half to three-quarters of an inch had already developed on the eighth day. This, at first sight, should have sufficed to secure caution in the use of this lymph; but it is further recorded that the contents of two unopened tubes procured from the same source were found by Dr. Klein to be "wanting in the cultural characters of vaccine lymph." One of the instructions laid down by the Local Government Board is prohibitory of the use of lymph from vesicles having on the eighth day such an areola as A's arm displayed. Not only was it used in this case, however, but the public vaccinator informed Dr. Ballard that his vaccination habitually produced such an areola, and at times one extending to an inch around the vesicles; and that he regarded an areola of one-half to three-quarters of an inch as a normal and proper condition of a vesicle on the eighth day. This was, of course, a most unfortunate error of judgment; the more so as the use of lymph from such inflamed vesicles is well known to be a tolerably certain method of cultivating an irritating and dangerous supply. Anyhow, the lymph, such as it was, from A's arm, was used to vaccinate the infant B, whose case is now under consideration. On the sixth day the vesicles on B's arm, instead of being firm, were loose and easily became ruptured, and on the seventh day a watery lymph was running down the child's arm. Some of this lymph as it ran away was taken by the public vaccinator on this seventh day, but he fortunately did not use it, neither did he use the child as a vaccinifer on the eighth day. Indeed, there was by this time an areola an inch and a half in width, and bread poultices were ordered. Next day the mother applied zinc ointment, and several days afterwards a crust leaving a healthy-looking sore underneath was found to be associated with some redness extending to the elbow. From this time the child rapidly got worse, definite erysipelas supervened, abscesses formed in the elbow and back, and the child died in the seventh week. Here, again, an unfortunate mistake was made, for the certificate of death referred only to "diffuse cellulitis," and no mention was made of its being post-vaccinal. In seeking a cause of the erysipelas, Dr. Ballard lays it down that the lymph from A's arm was certainly not directly responsible for the result. Suspicious as was the supply of lymph both from the Association and from A's arm, if the lymph had induced the erysipelas this result would not have been deferred until the middle of the second week after vaccination, but would have operated at a much shorter interval after it was inserted. This is laid down authoritatively, and Dr. Ballard's opinion on such a point is one of the highest. But when examination was made of the local conditions about the house where the child B was vaccinated and lived, the explanation was at once forthcoming. The air that habitually passed across the child's cradle came in at a back door opening into a yard where complaints as to nuisances from a privy, piggeries, and

[1] Eyre and Spottiswoode, East Harding-street, E.C.; Adam and Charles Black, Edinburgh; Hodges, Figgis, and Co., Dublin. Illustrated, price 2d.

hen-roosts, were loud and habitual. There had also been drainage and cesspool defects which necessitated a new drain being laid during the child's illness; the premises and house were all unclean, and the neighbourhood itself was not only in a scandalous state, but was markedly unhealthy. In short, the air which this child breathed and by which it was surrounded was "polluted by septic emanations." Now, the undue inflammation around the vesicles during the first ten days was practically habitual in the hands of this operator; it was not erysipelas, and when the scab from the zinc application was first removed a healthy-looking sore was observed. At that date there was therefore a wound laid open to the direct influence of any septic cause, and the resulting erysipelas is justly spoken of as "traumatic," the open wound being the channel through which the contagium or specific cause obtained access to the system. Summarising the action of the public vaccinator, Dr. Ballard points out the breach of instruction in using A's lymph, the filthy surroundings which characterised B's home, as being unfortunate for the performance of a special vaccination which was to serve as a lymph-supply, and failure in other respects; and he ends his report by leaving it to the Local Government Board to assess the kind and amount of blame imputable respectively to the public vaccinator, who was responsible for the operation, and to the local authority, who were responsible for the very unwholesome state of the locality in which the infant had to dwell while passing through her vaccinia. The public issue of the report on this unfortunate case will, it may be hoped, serve as a fresh lesson as to the importance of observing every medical and hygienic caution in the performance of vaccination, and affords a proof that any similar misfortunes in the future will receive complete and impartial investigation.

THE CASE OF DR. BOURKE.

IT may be in the recollection of our readers that in October last we brought to their notice the case of Dr. W. Bourke, who had been dismissed by a very arbitrary act on the part of the Colonial Secretary at the Cape from the district surgeoncy of Hanover in that colony. After a most discreditable amount of delay, Dr. Bourke, by a direct appeal to Sir Hercules Robinson, the Governor, had his case investigated by a Select Committee of the House of Assembly, which reported that "there were not sufficient grounds for the dismissal of Dr. Bourke from the district surgeoncy of Hanover." This report was referred to the Government for its consideration with a view to the injustice which had been committed being remedied. After a delay of several months, and after repeated applications on his part, Dr. Bourke received an intimation that the Colonial Secretary, having gone very fully into the case, had come to the conclusion that Dr. Bourke had "succeeded in clearing himself from the two serious charges on account of which chiefly he had been dismissed, but that the minor charges of irregularity in keeping his books and laxity in discharging his duties as regarded the prisoners had not been satisfactorily disproved." One might have expected, after such a conclusion, that Dr. Bourke would either have been reinstated in his appointment or received adequate compensation for his unjust removal from it. But this would have been too great a concession on the part of the Colonial Secretary. Accordingly, Dr. Bourke was informed that the Government had been pleased to award him a sum of two hundred pounds to assist in defraying the expenses to which he had been put in vindicating his character from a false accusation. As these, however, had amounted to upwards of £500, Dr. Bourke at first refused to accept the money. But being informed officially "that the decision arrived at is final and will not in any way be altered," and finding that he had no legal remedy for the injustice, he accepted it, on the principle, we presume, of "better half a loaf than no bread." His dismissal in the first instance without any investigation, the refusal to bring him face to face with his accusers, to allow him to cross-examine the witnesses or to give him access to the official documents on which his dismissal had been grounded, the unwarrantable delay in taking any steps to have the case fairly considered, and now the paltry sum awarded towards his expenses after he has been acknowledged to have been unjustly punished, all show the affair as anything but creditable to the authorities.

NASO-PHARYNGEAL FIBROMATA.

DR. A. FLETCHER INGALS publishes a paper in the *Journal of the American Medical Association* for December last on this subject, and gives it as his opinion that "in the present state of our science, all of these cases which afford any reasonable hope of cure should be operated upon through the natural passages. When the tumour has been removed, if any parts remain which are inaccessible to the écraseur, cautery, knife, or cutting forceps, they should be treated by electrolysis, and thus, even if failure to eradicate the growth is met with, hope may be had of prolonging the history of the case to the period of adolescence, at which time nature seems to set a limit—at least, in many cases—to the further development of these growths, and then a cure may be effected." He claims that the results obtained are much better; that in over 50 per cent. of the cases recurrence had not taken place within twelve months; whereas in the usual method of operating 25 per cent. died from the operation, and in only 14 per cent. was it certain that the tumour had not returned within a year. In one of his cases recurrence did not take place for five years. He mentions three recent cases. In one, a boy aged sixteen, there was a history of two years' illness. The growth was removed by means of the galvano-wire loop, local anæsthesia being obtained by means of cocaine. Hæmorrhage followed an attempt to remove by sharp forceps a small piece which had escaped the wire; this was arrested by plugging, and the patient returned home the same day. Some further portions of the growth were removed during the following weeks by wire, or destroyed by electrolysis. In a second case, a boy of thirteen, three operations were performed during a period of a year and a half, but a portion of the growth which had become involved in the tissues about the pterygoid process of the sphenoid, and a portion which passed into the cheek, could not be removed. In a third case, that of a boy aged thirteen, the tumour filled the left naris and naso-pharyngeal space. The galvano-cautery, wire écraseur, and cutting forceps were employed in its removal. Three or four operations were required at intervals; the last had been performed a year ago, and the boy was in good health at the time the paper was written.

A SEA-GOING HOSPITAL.

TWO months ago we directed attention to the *Queen Victoria* hospital ship for deep-sea fishermen, then in a state of unreadiness from the want of funds to finish her equipment. Since that time the vessel has happily been furnished with all necessary appliances, and was last week inspected by Her Majesty the Queen, the patroness of the Deep-sea Mission, the Empress Frederick, and other Royal and distinguished visitors at Osborne. The most useful form of medical activity of which the new vessel is an emblem requires no studied eulogy from us. The work hitherto carried on, with fewer advantages than at present, has attained a measure of success which fully proves its

value and justifies its further development. It must be gratifying, nevertheless, to those interested in it, to feel that the cause which they have at heart has the sympathetic support of representatives in every class of their countrymen, from the highest to the lowest. In this they will see not only an acknowledgment of their worthy purpose, but a guarantee that the future conduct of their operations will occupy an established place in public favour. Mr. Frederick Treves has personally superintended the hospital arrangements on board the new vessel, and the masters of the various mission ships have been instructed in the early treatment of such emergencies as are likely to occur at sea by Dr. Schofield. The organisers of this movement, therefore, may now feel that they have done what they could to give the hardy smacksmen that needful privilege of helpful care which has been enjoyed by landsmen for generations. It is also most satisfactory to know that the hospital ship will be able to render efficient service during the present stormy season, and we would impress upon every cheerful giver the importance of maintaining her at her post, and of fitting out to join her, as soon as may be, her consort the *Albert*.

MEDICAL OFFICERS OF THE GUARDS.

A ROYAL WARRANT has just been issued which introduces important changes into the medical service of the Household Brigade. In future the surgeon-major and brigade-surgeon are the only medical officers who will remain on the establishments of the brigades. After the existing medical officers have been provided for by promotion or retirement, the surgeon-major will be appointed from the medical staff of the army by the titular colonel of the regiment, and be gazetted to the regiment, reckoning his seniority in the brigade from the date of the gazette. No appointments will be made of surgeons in the Household Brigade; as vacancies occur in the establishment they will be filled up from the Army Medical Staff by surgeons who will be attached to the Household Troops for this purpose for the term of their service at home, and will be subject to the regulations which apply to officers of the medical staff generally. Special care has been taken to prevent any injustice being done to the existing medical officers of the Brigade, as no surgeon-major can be appointed from the medical staff so long as any surgeon remains on the establishment who is eligible for promotion. This Warrant appears to have been framed to carry out the recommendation of the committee with regard to the assimilation of the medical service of the Guards to that of the army generally. It will tend in a slight degree to counteract the effect of the increased length of a tour of continuous foreign service introduced by Mr. Stanhope, by adding to the number of home appointments available for the officers of the medical staff. It will also have the advantage of enabling the selected few so employed to avail themselves of the opportunities offered by the medical schools and civil hospitals of renewing and increasing their professional knowledge.

CHRONIC COCAINE POISONING.

M. MAGNAN, at the Société de Biologie, lately (*Progrès Méd.*, No. 5) described three cases of chronic poisoning by cocaine characterised by marked mental and sensory disturbance. The first case was one where cocaine had been substituted for morphia in the relief of renal colic. After two months' use of the drug the patient began to suffer from illusions of sight and hearing and neuro-muscular irritability. He discontinued the cocaine for six months, resorting to morphia; but on again resuming cocaine the delusions recurred, the patient feeling imaginary blows on the body, or something under the skin, together with a certain degree of analgesia. At the end of a short time he had an epileptic seizure. In the second case (one of hepatic colic) the same substitution of cocaine for morphia had been effected, and produced very similar effects, also terminating in an attack of epilepsy. The third case also presented hallucinations of sight and hearing, sensation of foreign bodies beneath the skin, and slight analgesia. M. Magnan pointed out that in its action on sensation and the sensory organs cocaine seemed to resemble the alcohols and absinthe rather than morphia, with this difference, that whereas the influence of cocaine poisoning seemed to operate on the cerebral cortex from the occipital lobes forwards, alcohol and absinthe appeared to affect the cortex in the reverse order.

THE USE OF REVOLVERS.

A RATHER regrettable revolver accident occurred the other day. While several boys were travelling together to school in a railway carriage, one of them produced a revolver. The others were interested of course, and someone in playing with the weapon pulled the trigger, a shot was fired, and a boy was seriously wounded in the side. It is just in such a simple way that accidents of this kind usually happen. A pistol or a gun is being looked at, and no one thinks about its being loaded, till somebody is hurt, perhaps killed. The unfortunate occurrence just quoted should suffice to teach the folly not only of carrying a loaded revolver, but of carrying one at all where there is no real or probable necessity for its use. The habit is becoming a much too common one. The few instances in which it has done really good service are probably far outnumbered by those in which it has proved a cause of avoidable injury and vain regret. This latest accident serves as another striking protest against the prevalent fashion. Parents and teachers remembering it must exercise a more than usually shrewd control over the sporting fancies of boys under their care if they would prevent an occurrence which too easily repeats itself. In view of the late terrible crimes and tragedies in which this most pernicious and unnecessary appanage of an Englishman has figured, we must once again urge upon the Government the desirability of insisting upon the numbering and registration by vendors of each weapon sold, and of the imposition of a heavy tax on such a dangerous "luxury."

HYDROXYLAMIN IN SKIN DISEASES.

DR. EICHOFF, of the Municipal Hospital, Elberfeld, has found an admirable substitute for pyrogallic acid, chrysarobin, and other powerful reducing agents used in external applications for skin diseases in hydroxylamin, which is, chemically speaking, an ammonia in which one of the atoms of H is replaced by HO. The most suitable compound for dermatological use is the chloride, the formula of which is $NH_2OH.Cl$. This occurs in colourless, strongly hygroscopic crystals, which are readily soluble in water, glycerine, or spirit, the solution showing an acid reaction. When introduced into the blood, hydroxylamin forms methæmoglobin, the blood rapidly becoming of a deep-brown colour. In large doses—that is to say, 0·01 gramme per kilogramme of body weight—it produces hæmaturia in consequence of the destruction of the red corpuscles. It also acts on the nervous centres, producing narcosis. The high reducing power possessed by hydroxylamin renders it a powerful poison to low organic forms, and on this account it is to be very strongly recommended in dermatology. The preparation used by Dr. Eichoff is the hydrochlorate dissolved in a mixture of equal parts of glycerine and spirits of wine in the proportion of 1 per 1000. This is applied with a brush to the affected parts of the skin, which must first be carefully washed with soap three to five times a day. In this way he

has treated five cases of lupus, five of ringworm, and one of parasitic sycosis, with excellent results. These were specially remarkable in two cases of very severe lupus. Dr. Eichoff is hopeful that this remedy, which may sometimes perhaps be applied in the form of subcutaneous injections, may be found useful in psoriasis, parasitic eczema, and even in lepra and syphilis. He, however, warns those who propose to try it that it is a very powerful irritant, and that even for outward application a strength of 1 per 1000 is quite enough.

INFLUENCE OF THE ELECTRIC LIGHT ON THE EYESIGHT.

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solution containing corrosive sublimate, Dr. Parisotti makes an incision in the upper part of the sclero-corneal border, about six millimetres in length; the pupil is then dilated by atropine, and, the aqueous humour having been let out, rather energetic massage is applied to the cornea for about a minute. The antiseptic lotion is again applied and a bandage kept on for three days. In two or three weeks considerable progress is to be observed in the maturation.

THE CASE OF ALLBUTT v. GENERAL MEDICAL COUNCIL.

IT was stated in the course of this trial by the Attorney-General that the plaintiff was not Dr. Clifford Allbutt. A letter purporting to be written by Dr. Clifford Allbutt appeared in the *Daily News* a few days after the trial, saying that he had given no instructions for such a statement to be made, and requesting that officious persons would abstain from mentioning his name to the detriment of his cousin. A few days later still, the *Daily News* wrote that they were informed that this letter was not Dr. Clifford Allbutt's letter, nor written with his knowledge. In plain words, the letter was announced to be a forgery. It is only fair to Dr. Clifford Allbutt, though scarcely necessary, to dissociate his name entirely from all connexion with this case. The identity of surname and place of practice makes confusion easy.

ROUND ULCER OF THE STOMACH.

DR. CHERBAKOFF, of Moscow, in order to study the conditions under which gastric ulcers occur, injected a solution of chromate of lead into the gastric arteries of dogs, with the result that ulcers were produced which bore a considerable resemblance to ordinary round gastric ulcers in the human subject. These experimental ulcers, however, evinced a great tendency to heal rapidly and completely. This tendency could be combated by increasing the acidity of the gastric juice. Indeed, by this means it was found possible to cause the ulcers to become deeper and deeper until they perforated all the coats of the organ. Clinically speaking, these results would appear to be not devoid of significance, as it is well known that round ulcer of the stomach is frequently associated with hyper-acidity of the gastric juice.

THE MICROBE OF DIPHTHERIA.

THE announcement of the discovery of the microbe of diphtheria by MM. Roux and Versin of the Pasteur Laboratory, referred to by our Paris correspondent, has led somewhat prematurely to sanguine hopes that the disease will now be amenable to prophylaxis by inoculation. We may remind our readers that the micro-organism of diphtheria has been before now discovered by such investigators as Oertel, Klebs, and Loeffler. Nevertheless, but little fruit in the direction of successfully combating this highly fatal disease has yet accrued from these researches. We await with interest the full details of this latest inquiry, and shall be glad to see to what extent MM. Roux and Versin have advanced beyond the stages reached by their predecessors in this field.

MASSAGE IN PELVIC INFLAMMATION.

DR. SEMIANIKOFF has employed massage in twenty cases of pelvic inflammation of a chronic character which had resisted other forms of treatment, and speaks very highly of the results obtained. All the cases were in Professor Slavianski's gynæcological clinic in St. Petersburg. The cases in which the most marked effects were produced were those where there were peri-uterine effusions of moderate dimensions. Chronic ovaritis, too, yielded to the same treatment. It should be stated that in some of the cases daily sittings for about three months were required to effect a cure. Of course the treatment was intermitted during the menstrual periods.

FOREIGN UNIVERSITY INTELLIGENCE.

Cadiz.—Dr. Don J. Bartual has been appointed Professor of Histology and Morbid Anatomy.

Dorpat.—Dr. Dragendorff, Professor of Pharmacy, has been appointed Dean of the Medical Faculty.

Leipsig.—Dr. Beneke has qualified as *privat-docent* in Pathological Anatomy.

Lille.—The Professorship of Organic Chemistry is declared vacant.

Munich.—Professor Nussbaum, who has been ill, was treated to an ovation by the students on the occasion of his resumption of lectures.

Santiago (Spain).—Dr. Don C. Guerra has been appointed Professor of Histology and Pathological Anatomy.

Santiago (Chili).—Dr. Johow, Professor of Botany in Bonn, has accepted the offer of the vacant Botanical chair.

Tomsk.—Dr. Kashchenko of Kharkoff has been appointed Extraordinary Professor of Comparative Anatomy and Zoology, in place of Dr. Reinhardt, who had been selected, but who has now obtained the Professorship in Kharkoff.

Valladolid.—Dr. Don L. Garcia of Madrid has been appointed Professor of Histology and Morbid Anatomy.

Vienna.—Drs. J. Pollak and J. von Mettnitz have been recognised as *privat-docenten* in Otology and Odontology respectively.

DEATHS OF EMINENT FOREIGN MEDICAL MEN.

THE deaths of the following eminent foreign medical men are announced:—Dr. Dutrieux Vey of Paris; Dr. F. Holm, chief medical officer of one of the Hospitals for Women in St. Petersburg; Señor Don Dr. Luis Ordaz of Mexico, through whose instrumentality the works of European medical authors became known in Mexico; and Professor Baron von Holtzendorff of Munich.

AT the next meeting of the Epidemiological Society, to be held on Wednesday, the 13th inst., at the Medical Society's Rooms, 11, Chandos-street, Cavendish-square, a paper, illustrated by lantern photographs and micro-photographs, will be read by Mr. Victor Horsley, F.R.S., on 'Rabies, its Treatment by M. Pasteur, and the Method of its Detection in Suspected Cases." The meeting will be open to members of the medical and veterinary professions.

THERE has been organised in the St. Louis Hospital, Paris, a system whereby on every Thursday morning cases of interest are brought from the various cliniques into the theatre and exhibited by the medical officers in charge. The first of these reunions took place on the 17th ult., when cases of rare forms of skin disease were shown and described by MM. Besnier, Fournier, Feulard, and Hallopeau. The plan is likely to prove highly successful.

PROFESSOR VIRCHOW introduced the subject of Acromegaly to the Berlin Medical Society on the 16th ult., which he illustrated by the presentation of a living specimen and of a skeleton from a case in the Charité last year. The full text of his remarks appears in the *Berliner Klinische Wochenschrift* for Feb. 5th.

IT is stated that notice has been given by the Charity Commissioners that they intend to prepare a scheme dealing with the various medical scholarships attached to University College, London, with a view to their consolidation and to extend their usefulness.

AT the meeting of the Royal Medical and Chirurgical Society on Tuesday next, Professor Crookshank will give a microscopical demonstration of the fingers in various stages, in illustration of the paper on Actinomycosis.

Le Progrès Médical for the 2nd inst. has a supplementary sheet, giving the names of the members of the staff of each of the Paris hospitals, including the *internes* and *externes*.

DIPHTHERIA is very prevalent in Boston, Mass. In this city in 1887 there were 1044 cases, with a mortalit of 30·03 per cent.; in 1888, 1390 cases, mortality 33·12.

DR. ALFRED L. LOOMIS has been elected President of the New York Academy of Medicine.

DR. H. FRÉMY has been sent by the French Government to Colorado to study its climate.

A "LANCET" COMMISSIONER'S VISIT TO THE NORTH OF ENGLAND.

PUBLIC VACCINATION; TYPHUS; MEDICAL EDUCATION.

ONE of our Commissioners, who has recently visited the North of England, writes as follows:—

It is gratifying to find, in spite of all the nonsense talked about compulsory vaccination, that it still continues to work well as a public law in large communities that in all political respects are as like Leicester as possible, having the same democratic spirit and, to all appearance, a similar set of political opinions; loving liberty as well, but drawing the line at small-pox, and willing to forego their rights to have it. Surely the future historian will mark it as one of the fads and freaks of liberty to claim the right to have small-pox. It cannot be said that the acquiescence in compulsory vaccination is always cheerful and intelligent. Sometimes it is blind and reluctant, as in the case of one poor woman who brought her child to the public vaccinator in Sunderland just because it was the law, and would otherwise have left it to the chance of small-pox, which she considered one of the ordinances of God. Even here the law works beneficially, though somewhat after the manner of a schoolmaster. But in most cases, doubtless, there is more or less appreciation of the beneficence and reasonableness of the law. Be this as it may, I have found in the busy towns of the North a very general compliance with the Vaccination Acts. Sunderland, with a population of 134,000, enjoys the reputation of being one of the best vaccinated communities in England. In the year 1887 the percentage of children accounted for under the Vaccination Acts was no less than 98·53. The following are the facts for the years 1877 and 1887 respectively, and may be taken as specimens.

Year.	Births registered.	Vaccinated by public vaccinator.	Vaccinated by private practitioners.	Total vaccinated.	Postponed by medical authority.	Died previous to vaccination.	Removals to other wards.	In abeyance.
1877	5299	2606	1854	4462	59	529	233	16
1887	5475	2553	2186	4739·9*	64	506	150	7

* The figure 9 denotes insusceptibility.

Practically the sanitary authorities have no trouble in carrying out the vaccination laws. There is no reason to theorise on the common sens of the people of Sunderland in obeying the double instinct of good citizens to keep the law and confer a benefit on their children at the same time. I had only time to visit one vaccination station—Dr. Blumer's. His mode of operating is with a scratching needle-pointed instrument, a half turn of which is sufficient. It scarcely draws blood, and the child has not time to cry before it is done. It is the rarest thing for the four insertions not to take. In all the children I saw there were four good vesicles. Like most other towns, Sunderland has enjoyed of late years a comparative exemption from small-pox. In the year 1887 not a single case appeared in Sunderland. In other respects the sanitation of the town is satisfactory, as shown by the fact that last year the mortality was only 18 per 1000. Mr. Alfred Edwin Harris, the medical officer of health, to whom I am greatly indebted for much valuable information, attributed the satisfactory condition of his borough to various circumstances. He attributed much credit to the chairman of the Sanitary Committee, Mr. Rickaby, as a chief who greatly helped good servants and good work. He was eloquent in the praise of an old sanitary inspector, Mr. William McKay, who had a gift for detecting nuisances and securing the isolation of infectious cases. He attached much importance to the extensive pavement of Sunderland streets. Like all officers of health, he magnified the value of Notification, declared that it worked without a hitch, and that the medical men of the town took kindly to it. I may be permitted to consider that not a little of the success of it is due to his conciliation and his great interest in his own special work. I shall not be far wrong in attributing the general loyalty to the Vaccination Acts to the valuable information and statistics on the subject contained in his reports, notably in that of 1885, showing unmistakably that revaccination is an almost certain preventive of small-pox, and that the vaccinated at all ages have a great advantage over the unvaccinated, particularly in children under five, who in Sunderland, in the last epidemic, died at the rate of 8·62 per cent., as against 51·92 per cent. unvaccinated.

Newcastle-on-Tyne also enjoys comparative freedom from small-pox, there being only six cases in the year 1887—the last report before us. The medical officer of health, Dr. H. E. Armstrong, informs me that he has practically no acquaintance with the anti-vaccination movement, and expresses the opinion that it would never have shown itself but for faulty methods of vaccination during the last and present generations. He would have all vaccination relegated to public officers under Government supervision, and bound to work under certain conditions—e.g., arm-to-arm vaccination, mode of operation, number of cicatrices, &c. Of South Shields, Dr. A. Campbell Munro, the medical officer of health, says there is practically no anti-vaccination feeling there, except the somewhat natural motherly instinct which resists the scratching of babies, and he reports a fact very creditable to the intelligence of the town. At the beginning of this winter he was asked to take the affirmative side of the vaccination question in a debating club. He agreed, but they could not get anybody in South Shields to take the negative side. Well done, South Shields.

I regret to say that both in Sunderland and Newcastle typhus has been of late asserting itself unpleasantly. In London this disease is a rarity, and even in Liverpool it has been much less formidable of late years. Yet in Sunderland during the last year there have been sixty or seventy cases. Not the least difficulty in tracing and checking typhus is that the first cases are unexpected, and possibly unfamiliar in form, simulating measles, pneumonia, or typhoid. Both in Sunderland and Newcastle this difficulty has prevented the perfect elucidation of the beginning of the outbreaks. Dr. Armstrong points out how different is the risk of nursing in this disease and small-pox. In regard to the former it is difficult to fill the places of nurses laid down with typhus, as anyone appointed is almost certain in a week or two to be attacked, whereas the protection of small-pox nurses by revaccination is practically complete. Another lesson of the outbreak in Newcastle, pointed out by Dr. Armstrong, is the great importance of medical students being taught the different varieties of fever and other infectious diseases

as part of their general curriculum. This suggestion is a good one, and I can easily understand the errors of diagnosis into which young practitioners must fall who have had hitherto no practical acquaintance with these diseases—errors which, under systems of notification, are apt to be made, as it were, in public.

I cannot close a notice of a hurried visit to these great and active towns without a word of praise of the fine medical school in course of erection at Newcastle-on-Tyne, with every latest improvement in laboratories, dissecting-rooms, and lecture and operating theatres. The Newcastle School of Medicine is becoming a great provincial centre of medical and surgical doctrine and practice. There are over 200 students now on the books, and the whole plant and scale of teaching would greatly surprise the late Sir John Fife and other founders of the school which they commenced half a century since with six or eight students.

The great Infirmary of Newcastle-on-Tyne is still the centre of surgical and medical exploits for Durham and Northumberland. But both medical and surgical skill are less localised than they were even twenty years ago. The number of general practitioners in every district capable of dealing with surgical emergencies is much on the increase. The beautiful new infirmary of Sunderland is coming more into competition with that of the city and county of Newcastle. Both institutions are showing a power of adapting themselves to new conditions of society and attracting large and willing contributions from the working classes, for whose benefit they primarily exist. Sunderland Infirmary enjoys the credit of being perhaps the first instance of a public general hospital without an out-door department. Out-door work is supposed to be done in the Provident Dispensary, or by the general practitioners of the neighbourhood.

FATAL CASE OF COCAINE POISONING.

AN inquest was held at University College Hospital on Jan. 31st, by Dr. Danford Thomas, coroner for Central Middlesex, touching the death of Charles Sidney Fletcher, who at the time of his decease was an inmate of the hospital. Fletcher was admitted under the care of Mr. Berkeley Hill, for disease of the urinary organs. From the evidence of Mr. John Cresswell, house surgeon, we learn that it was intended to wash out the bladder with a detergent astringent solution, and to deaden the sensibility of the pain a solution of cocaine was to be first injected. The two prescriptions, the one for the cocaine and the other for sulpho-carbolate of zinc, were written on the same paper. The former simply directed that twenty grains of cocaine were to be dissolved in one ounce of water, and to it was appended the word "*statim*," without an accompanying verb to make the term intelligible. It was this defect which primarily led to the mistake which cost the deceased his life. The house surgeon wished to convey by the word "*statim*" that the solution was to be *dispensed* immediately. The dispenser, misled no doubt by the meagreness of the directions, misinterpreted it, and, believing the solution to be a *draught* for the patient to take, put it in a measure glass and gave it to the nurse who waited for it. The latter administered it to the patient at once. It appears that upon writing the prescription the house surgeon put the paper on the table of the ward, and told the nurse to obtain from the dispensary the drugs ordered. When the nurse returned to the ward the house surgeon was engaged at an operation in another part of the building, or probably it would have chanced that he would have been consulted as to the correctness of the dispenser's reading of his prescription. Curiously, although the sulpho-carbolate of zinc solution was directed to be made into an *injection*, no intimation of the intended use of the cocaine solution was given. The fatal error was not recognised until the effects of the working of the cocaine became manifest. What the initial symptoms were is not known, for it was not until nearly an hour had elapsed that the nurse, hearing the patient making some unusual noise, had her attention drawn to him. It is said that there was some arching of the back resembling the opisthotonus of tetanus, and that there was a convulsive movement of the limbs. Consciousness was to some extent retained almost up to the fatal issue, since the patient, although apparently insensible, could be roused sufficiently to say, "I shan't," in answer to an injunction to do something. Death took place in about an hour after swallowing the cocaine solution.

The post-mortem examination was made about twenty-six hours after death. There was nothing unusual to remark in the external appearances. Dissection revealed that the deceased had been the subject of old and recent tuberculosis of both lungs. There were numerous acute tubercular ulcers over the base and posterior wall of the bladder. The left kidney had been entirely destroyed, and its place was occupied by the remains of the shrunken capsule, in which were three small calcareo-caseous nodules. The left ureter was atrophied, its lumen apparently diminished except for about the lower inch and a half, where it was dilated into a sac large enough to receive the end of the forefinger. The left ureteral orifice, as seen on the surface of the bladder, was enlarged, but the communication between the ureteral canal and the bladder could not be made out. The right kidney was hypertrophied—physiological. In it was a mass of breaking-down tubercle. There were dilatation of the calyces and well marked pyelitis. The ureter contained about a dozen recent tubercular ulcers about the size of No. 5 shot. Its lumen was widened, and contained a small triangular-shaped calculus—not impacted. The bladder was about half full of urine, not mixed with blood. The liver showed well-marked cirrhosis—not cardiac. The spleen was enlarged as a result of the portal obstruction. There was no ascites. The lungs were congested. None of the cavities of the heart were contracted, nor were they markedly dilated. They all contained blood-clot. The valves were healthy. The brain was congested, and there was some serous effusion beneath the arachnoid, but there was no increase in the ventricular fluid. The stomach contained some thick pultaceous matter, mixed with mucus. Its mucous membrane showed hypostatic congestion at the cardiac end. The venous radicles were distended, evidently from the cirrhotic obstruction in the liver. The surface of the mucous membrane generally showed none of that minute injection of the vessels suggestive of the action of an irritant.

As this is the first fatal case of cocaine poisoning in this country, we have given the post-mortem appearances somewhat fully. It may be remarked that the urine contained about one-eighth part of albumen. This was accounted for by the muco-pus formed in the bladder, the ureter, and pelvis of the kidney. As the maximum officinal dose of cocaine is one grain, there can be no doubt that deceased took what would in most cases be a lethal quantity, although in one instance twenty-three grains and a half were swallowed without fatal results. The deceased was, unfortunately, so crippled in his renal function that a serious obstacle was presented to the elimination of the poison. As in other recorded fatal cases, death seems to have occurred partly from cardiac and partly from respiratory paralysis.

The verdict of the jury was to the effect that death was the result of misadventure. We can but endorse the rider to the verdict, that "in writing the prescriptions more distinct and clear indications should have been given for the guidance of the dispenser;" and regret that "the dispenser under the circumstances, seeing that the cocaine ordered was greatly in excess of an ordinary dose, should not have suggested to the nurse that it was intended for a draught, and if in doubt should have referred the prescription back to the writer." That there was no gross or criminal negligence was clear from the evidence, seeing that each one of the persons involved in the mishap was striving to minister to the patient and alleviate his sufferings.

We cannot too strongly recommend that where abbreviations in prescriptions are employed, there should be a clear understanding as to their meaning between the prescriber and dispenser, and, further, that whenever a dangerous quantity of a drug is prescribed the word "poison" should be added.

ROYAL COLLEGE OF SURGEONS.—The library will be closed on Wednesday, Thursday, and Friday, Feb. 13th, 14th, and 15th, in consequence of the Hunterian Festival. On these days the lower reading-room will be open. Readers requiring books for use during the time the library is shut are requested to communicate with the librarian on or before Feb. 12th.

ASSOCIATION OF MEMBERS OF THE ROYAL COLLEGE OF SURGEONS.

A CONSIDERABLE number of Members of the College attended the annual general meeting of this Association, held on the 31st ult., in the Masonic Temple of the Holborn Restaurant, Dr. Robert Collum in the chair. After the transaction of formal business, officers were elected for 1889, the notable changes in this respect consisting in the addition of Dr. J. D. Macdonald and Mr. Lawson Tait to a list of vice-presidents which already includes, among others, the well-known names of Dr. W. Carter (Liverpool), Dr. W. A. Elliston (Ipswich), and Dr. Danford Thomas (coroner for Central Middlesex). A resolution "pledging the Association to continued action" was followed by the important business of the evening—viz., the passing of a resolution, "That the Draft of Parliamentary Bill submitted to this meeting be referred to the Central Committee, with the instruction to consider the same, under advice of counsel, and to take immediate steps to introduce a Bill into Parliament, such Bill to make provision that there shall be *no limitation* as to the right of Members of the College to vote in the election of the Council of the College"; and the passing of a resolution, "That, in view of the refusal of the Council of the College to summon a meeting of the corporation to consider Parliamentary action, it is hereby resolved that the hon. secretaries of this Association do forthwith summon a meeting of the College to be held at Lincoln's-inn-fields within one calendar month." Each of these resolutions was carried unanimously.

The meeting was followed at 7.30 by the Annual Dinner of the Association. Among the guests were Dr. Farquharson, M.P., Mr. R. Davy, and Mr. Walter Rivington. Sir Guyer Hunter and Mr. George Pollock were at the last moment prevented from attending—in the former case by illness, and in the latter by pressing family affairs. The toasts given were—"The Queen and Royal Family," proposed by the Chairman; "The Houses of Parliament," proposed by Mr. Davy, and replied to by Dr. Farquharson; "The Navy, Army, and Auxiliary Forces," proposed by Dr. Weir, and replied to by Sir William Moore, Brigade-Surgeon J. Candy, and Surgeon-Major (Volunteers) Samuel Smith; "The Association of Members of the Royal College of Surgeons," proposed by Mr. Lawson Tait, and replied to by Dr. Danford Thomas and Mr. Joseph Smith; "Our Guests," proposed by Dr. Stretch Dowse, and replied to by Mr. Walter Rivington; and "The Chairman and Secretaries," proposed by Mr. Lawson Tait, and replied to by Dr. R. Collum, Dr. W. C. Steele, and Mr. W. A. Ellis.

The proceedings terminated with a musical selection, the executants being Mr. Joseph Smith and his brother, Mr. J. C. Smith, with songs, and Mr. W. A. Ellis at the pianoforte.

YELLOW FEVER: EXPERIMENTAL RESEARCHES IN FLORIDA.

AT the meeting of the New York Academy of Medicine, held on Jan. 17th (*Med. Record*, Jan. 26th), Dr. Paul Gibier of Paris read a paper on Experimental Researches in the Etiology of Yellow Fever undertaken during the recent epidemic in Florida at the request of the French Government, in continuation of his researches in the previous year in Havana. When he arrived at Jacksonville the epidemic had begun to decline, but he was able to study several cases of undoubted yellow fever; for, although some deaths were due to fevers prevalent in the country, and some cases of yellow fever ran a modified course from the presence of such fevers, there was no doubt the epidemic was one of genuine yellow fever. He saw some cases which were absolutely as characteristic, judged by the symptoms and pathological lesions, as any he had seen at Havana or elsewhere. He had opportunity to make bacteriological observations in comparatively few cases, but these were confirmatory to a degree of the more numerous observations made in Havana in 1888. The substances which had been planted in cultures had been taken with every precaution. While it was not impossible that the micro-organisms which developed in the fluids experimented upon during the culture process were introduced in the necessary manipulations, yet this uncertainty, he thought, did not exist in the case of the solid media. While he admitted, as he had done in preceding publications, the introduction of the micro-organism into the hollow viscera as possible, owing to alterations in the mucous membrane, yet this possibility seemed excluded in the case of the liver, spleen, and kidneys. Dr. Gibier gave the results of cultures made in about six cases at Jacksonville; in one case, however, the disease was not yellow fever. The fifth case was that of a light mulatto, aged thirty-five, who died after four days' illness with undoubted symptoms and lesions of yellow fever. The liver was "nutmeg," the kidneys were congested; the stomach and bowels contained a large amount of black liquid, the contents of the stomach being acid, of the small intestine decidedly alkaline, of the large intestine neutral. Cultures were made of the blood, kidneys, liver, spleen, and intestinal contents. The blood was sterile. The kidneys, spleen, and liver contained some microbes of decomposition, the necropsy being made eight hours after death; and the temperature was high. The intestinal fluids contained the microbe which he had isolated in Havana, and believed to be the origin of yellow fever. In this case alone was the microbe present, and only in the intestines, and it was noticeable that the liquid cultures of this microbe resembled in character the black vomit. The theory propounded by Dr. Gibier was that yellow fever was an intestinal affection, and if that were true it should be treated from the beginning by remedies directed to the intestinal tract—as bichloride of mercury, naphthalin, and tannic acid. There were two objections to this theory—viz.: 1. If yellow fever was an intestinal disease due to a micro-organism, why was this not found in all cases after death? 2. If this cause were admitted, how could one explain the albuminuria present? In answer to the first question, he stated that after a micro-organism had saturated a culture medium its growth stopped; and if then another microbe was introduced it would replace the former. So it might be in the fluids of the intestine in yellow fever. As soon as he should have opportunity, it was his intention to examine the dejecta of patients, from the first day of the disease until the last, for proof of this view. He would not be surprised to find his microbe in some cases only during the first days of the disease. The alterations in the other organs during the course of the disease might be accounted for by the ptomaines generated by the microbe which entered and poisoned the blood. The poisons seemed to be especially plentiful in the radicles of the vena porta. As to the presence of albuminuria, he remarked that it was not unusual for it to be present in other affections, as typhoid fever, when the original lesion was in some other organ.

JOINT ACTION OF EMIGRATION SOCIETIES.

THE joint action taken by various emigration societies, which we briefly described recently, will, we trust, be rapidly followed by other and stronger efforts of a similar description. First and foremost, now that so good a beginning has been made, those societies which abstained from throwing in their lot with the Liverpool pioneers, as they may worthily be called, will, we hope, no longer stand aside. The representatives of the three lines of steamships concerned did not fail to notice the absence from the conference of several societies and institutions that yearly send abroad large numbers of emigrants by these lines. We would strongly urge on these bodies that they have everything to gain and nothing to lose by taking common action with the societies represented at the Liverpool conference. Nor is this all. To the philanthropic and semi-religious character of these associations we would add a purely scientific, economic, and sanitary element. Thus every force that influences emigration could be brought to bear, and this not merely on the steamship companies that carry emigrants, but also on the Parliaments and Legislatures both of England and the colonies. Joint action thus organised on a very extensive scale would have a double advantage. Firstly, the power that union gives would more promptly

ensure success; secondly, the larger the number of societies and interests brought together, the less chance would there be for the introduction of any narrow-minded views.

The conference which took place at Liverpool on Jan. 16th may be said to have spoken on behalf of about 6000 emigrants travelling by the Allan, the Beaver, and the Dominion line of steamships to Canada. On behalf of one of the societies represented at this conference—the Self-help Emigration Society,—Lord Derby delivered, also at Liverpool, a remarkable speech on emigration. The number of British emigrants during the year 1887 was 281,487; the foreigners who sailed from British ports amounted to 108,372; and there were in all 399,494 emigrants. Compared with these enormous figures, the Liverpool conference represented but a very small item in the grand total. On the other hand, the emigrants to North British America numbered, in 1887, only 32,025; and if out of these 6000 were sent by the emigration societies in question, then they certainly spoke on behalf of an important fraction of the emigration to our own North American colonies. On both general and on sanitary grounds it is necessary to greatly extend the scope of this joint action. The figures mentioned above show how grave is the whole question of emigration, and it is time that the emigration societies should be induced to think, not merely of their action in so far as the individuals with whom they are brought into contact are concerned, but of its bearing on the welfare of the state at large. This remark applies equally to Lord Derby's speech. He stated that the colonies would only take "our best men," and would strongly object "to paupers, loafers, and bad characters." The emigration societies, on their side, select such persons as possess all the moral and physical qualities calculated to make good and successful emigrants. Medical officers, representing the colonial Governments, as well as our own Board of Trade, examine the emigrants previously to their going on board, so as to be sure that none but those who are in good health leave these shores. This is all very natural if the only interest at stake is the prosperity of the colonies and the success of the emigrants.

Considering that in one year 281,000 British subjects emigrated, we would like to urge that the interest of the mother country should also be taken into consideration. If this enormous number of emigrants is composed, as suggested, of an *élite* of the population, then it will need but a slight mathematical calculation to show that we should soon be crushed under burdens altogether out of proportion with our population. The question to be asked is whether, out of 100,000 emigrants, the number of the constitutionally strong is considerably in excess of the proportion of the same class among the population that does not emigrate? If it is, then the result on the general physique of the nation will undoubtedly make itself felt, and at no distant date. Indeed, we must already be suffering the consequences; and these will go on increasing on the principle of compound interest, unless we are able to ensure that, with the strong who are taken away, emigration will also remove from our midst a due proportion of the weak. We cannot indefinitely allow the country to be drained of its best blood. Seeing the gigantic proportions that emigration is assuming, and the measures taken, daily more elaborate, to sift and select the very best elements for colonisation, we must speak out on behalf of our home interests. Already the ratepayer is overburdened by increasing pauperism; our hospitals and infirmaries are often inadequate to meet public requirements, and no wonder, if so many unhealthy people remain in England, where they beget a still larger number of unhealthy children, while the strong and healthy emigrate to the colonies or to foreign countries.

Perhaps the emigration societies may be induced to take this point of view into consideration. They are actuated for the most part by philanthropic and religious motives. Surely, then, it is more in keeping with their general aspirations to assist those who are especially weak and afflicted, as well as strong and vigorous workmen and labourers. Also it is not because a man or woman is weak that they are absolutely useless. Even cripples contrive to earn their living. With organisation and by keeping up systematic communications with the colonies, homes and employment could be found for other than the strong and able-bodied. Undoubtedly an emigration society that could find employment and send abroad a number of comparatively weak persons would render by far the greatest service, both from a patriotic and humanitarian point of view.

ARMY MEDICAL SCHOOL, NETLEY.

PRESENTATION OF SIR WM. AITKEN'S PORTRAIT.

THE winter session of this school was brought to a close on Monday at noon, when the ceremony of distributing the prizes gained during the session took place. Although only four candidates have been studying for commissions for Her Majesty's Indian Medical Service, together with them there has been a large class of surgeons of about seven or eight years' service in the Army Medical Department, going through a post-graduate course. The prizes were distributed by Surgeon-General W. C. Maclean, C.B., who only a few years ago retired after twenty-five years' service from the post of Professor of Military Medicine at Netley. After the distribution Surgeon-General Maclean addressed the assembly, the subsequent speakers being Sir Thomas Crawford, Sir Joseph Fayrer, and Sir Thomas Longmore. The Senate and Professors, with the remainder of the assembly, then proceeded to the officer's mess, where Surgeon-General Maclean presented Sir William Aitken, Professor of Pathology in the Army Medical School, with his portrait. The ceremony took place in the presence of a large company of ladies and gentlemen. Surgeon-General Maclean, in making the presentation, spoke as follows:—

Sir Thomas Crawford, brother officers, ladies and gentlemen: I have now a very pleasing duty to perform—viz., as secretary to the Aitken Portrait Fund, to present the portrait of the distinguished Professor of Pathology, which has just been unveiled, to you, who represent not the Senate of the Army Medical school only, but also the medical staff of the British army. This portrait was subscribed for by some of Sir William Aitken's numerous pupils in the medical departments of the British and Indian services, by his colleagues, and a number of his private friends in civil life. This little ceremony would have been performed at the close of the summer term had the portrait not been on exhibition in the Royal Academy, where no doubt many of you had an opportunity of seeing it. It was painted by the same artist—Mr. W. R. Symonds—who was the painter of two other portraits hanging on the walls of this room. The design of the subscribers was that Sir William Aitken's portrait should be a companion picture to those of his colleagues, who, with himself, were the first four professors of the Army Medical School. I need hardly say that I consider it a great honour to represent on this occasion so large a number of Sir William's old pupils and friends, who number among them not a few of the foremost members of his profession in all parts of the kingdom, who gladly embraced the opportunity thus afforded them to pay a well-merited honour to their learned brother. The great work on the "Science and Art of Medicine," which has made the name of Sir William Aitken famous, first appeared as a small *manual*, and ended, as I heard his late distinguished friend, Professor Sharpey say, as a *brachial*. It has gone through seven editions, and perhaps no book in modern medical literature has been more diligently thumbed by British and American students, or more frequently referred to by practising members of our profession. The composition of this *magnum opus* was a work of enormous labour, and the preparation of the last edition, almost entirely re-written, nearly cost the author his life. It is not necessary before such an audience to speak of Sir William Aitken's professorial career, which has extended over so many years—it is well known to you all. I am sure his old pupils scattered over the world will be well pleased to hear of this day's proceedings, and will be glad when they return to Netley to see the portrait of their old professor and friend in so honourable a position. I now, Sir, present this portrait in the name and on behalf of the subscribers, and with all my heart congratulate my old friend and loyal colleague on this interesting occasion.

Sir William Aitken made a suitable reply, in which he thanked the contributors to the portrait for the honour done him, and Sir Thomas Crawford, in accepting the portrait on the part of the staff, thanked Dr. Maclean for the manner in which he had carried out the wishes of the committee. This concluded the ceremony, and the large party adjourned to the mess-room, where luncheon was served.

JENNINGS *v.* SNOW.

THIS was an action brought in the Queen's Bench Division of the High Court of Justice by Mr. Charles E. Jennings, M.B., M.S., F.R.C.S., against Herbert L. Snow, M.D., M.R.C.S., for the recovery of damages for an alleged libel published by the defendant. The parties were both members of the staff of the Cancer Hospital, and the alleged libel was contained in a letter signed by the defendant and two other members of the medical staff and addressed to the chairman of the hospital. The letter was in the following terms:—

Cancer Hospital, Feb. 27th, 1888.

To the Chairman, Cancer Hospital.

SIR,—We feel it our duty to lay before you the following facts:—

About ten days since a case was placed on the notice paper for consultation by Mr. Jennings. In his absence the patient was accordingly examined by Dr. Snow and Mr. Jessett, who found her suffering from a growth on the right elbow. The sore was, however, covered by a thick crust of discharge and in so foul a condition that they could form no definite opinion as to its nature. They accordingly requested the assistant house surgeon (Mr Turner) to order a poultice to be kept in contact with the ulcer for a few days—not with any view of treatment, but simply to clean the surface and so to render it possible to arrive at a diagnosis. Mr. Jennings upon his next subsequent visit, as we were informed, ordered the poultices to be discontinued. Upon Saturday last, finding that Mr. Jennings intended to perform an amputation of the arm (as per notice on operation paper), we were informed that the case was the one above referred to. The patient was then examined by Dr. Purcell and Dr. Bourns, and a second time by Mr. Jessett and Dr. Snow. All agreed in the opinion that amputation of the poor woman's arm would be (at the present stage of the disease) a very unnecessary procedure.

The following protest was then drawn up and handed to the house surgeon to be delivered to Mr. Jennings:—

"Feb. 25th, 1888.

"*Arm Case, Ward 11. Mary Clark.*

"I have this day seen the arm case under care of Mr. Jennings (down for consultation last week), which I consider not a case for any serious interference with the limb until other less severe operation than amputation of the arm has been tried.—F. A. PURCELL.

"I thoroughly endorse the above opinion.—FRED. B. JESSETT. And I.—HERBERT L. SNOW."

Having received the above, Mr. Jennings subsequently caused the patient to be brought into the operation-room for the purpose of amputating her right arm at the shoulder-joint. He was deterred only by the refusal of the woman to submit to the operation, in spite of his very persistent effort to convince her that this was necessary.

Your obedient servants,

HERBERT SNOW. F. A. PURCELL.
FRED. B. JESSETT.

The plaintiff complained that the letter charged him with a lack of humanity and with unprofessional conduct, and had caused him serious injury in his profession. He was represented by Mr. Finlay, Q.C., and Mr. J. Lawson Walton; the defendant was represented by the Solicitor-General, Mr. Lumley Smith, Q.C., and Mr. R. S. Wright.

In opening the plaintiff's case, Mr. Finlay, Q.C., referred to the plaintiff's professional position, and made it matter of complaint that from the very commencement of his connexion with the Cancer Hospital he had met with opposition from his colleagues. He then referred to the case of Mary Clark, and stated that she had been pronounced to be suffering from cancer of the arm both at St. George's Hospital and at Charing-cross Hospital in December, 1887, and amputation had been recommended; but she had declined it. She then came to the Cancer Hospital, and was placed under plaintiff's care. He had treated the sore with iodoform, the proper treatment; but the defendant interfered, and told the nurse to apply a poultice to the sore—in the plaintiff's opinion an improper and irritating treatment. He thought, as did the surgeons at the other two hospitals, that amputation was necessary. On his giving notice of the operation, the defendant, Mr. Purcell, and Mr. Jessett, signed a protest on a piece of blotting-paper only on Feb. 25th, 1888, though they had heard of it since the 11th, and handed it to the plaintiff. The woman said she would rather have her arm off than submit to the severe and doubtful operation of cautery; but some conversation with the nurse altered her mind, and she refused to have her arm off, and the plaintiff withdrew from the case. She then had the less severe operation performed by others. He then added that that letter had the effect of procuring the plaintiff's dismissal from the hospital, which was the effect that the defendant desired, and he suggested that it was unfair and not justified by the facts of the case, that it was calculated to ruin the plaintiff's professional reputation, and that it conveyed the impression that he was eager to perform an operation which he ought to have known to be unnecessary, and was only deterred by the patient's refusal to submit to it. In behalf of his client, he disavowed any desire to inflict punishment upon a professional brother or to put damages in plaintiff's pocket, and averred that the plaintiff's only motive was a desire to rehabilitate his professional reputation.

In support of the plaintiff's case, evidence was given by Mr. Jennings himself, who spoke to the various matters in dispute between himself and other members of the staff of the Cancer Hospital, particularly to the details of Mary Clark's case and the treatment that she received; by Dr. Charlesworth of Wandsworth, who gave evidence as to Mary Clark having been under his care suffering from cancer of the elbow, in December 1887; by Mr. S. Boyd, F.R.C.S., of the Charing-cross Hospital, who had seen the patient, and advised amputation of the arm in December, 1887; by Mr. Dent, F.R.C.S., of St. George's Hospital, who also had diagnosed cancer, and advised amputation in December, 1887; by Sir Morell Mackenzie, who had heard the symptoms described and read the notes upon the case of Mary Clark, and concurred in thinking amputation necessary; by Mr. Jonathan Hutchinson, F.R.C.S., F.R.S., who had seen the patient in November last, and found her suffering from a cancerous growth, which had been scraped and cauterised, but not cured by that treatment; by Mr. Bryant, who, having read statements as to this patient and seen drawings that had been made of the growth, was of opinion that amputation was the proper remedy, and that cautery was inapplicable on such an extensive scale as this; by Sir Spencer Wells, F.R.C.S., who had examined drawings of the arm, and was of opinion that amputation was the proper remedy; by Miss Humphris, a nurse at the Cancer Hospital, who spoke to what passed on the occasion when Mr. Jennings proposed to perform the operation; and by Mr. G. Hertslet, treasurer to the hospital and a member of the Weekly Board, who sketched the history of the plaintiff's connexion with the hospital.

During the progress of the plaintiff's case a strong suggestion was made by the learned Judge that a settlement should be arrived at between the parties and the Solicitor-General, and Mr. Finlay had a consultation with this object in the judge's private room. It was, however, found that accommodation was impossible. At the close of plaintiff's case the Solicitor-General submitted that there was no case to go to the jury, but the point was overruled.

The Solicitor-General then proceeded to open the defendant's case, and maintained that no imputation had been made on the professional skill or personal honour or character of the plaintiff. As to the letter complained of, he contended that it was written by the defendant and his two colleagues in good faith, in the discharge of their bounden duty. Had they kept silence they would have been guilty of a gross and sensible dereliction of duty. He would show that every statement in it was true; and the defendant claimed protection from paying the penalty for doing his duty. It was now removed from any question of surgical skill or treatment. They did not complain of the plaintiff's forming a wrong judgment, but that after he knew three of his colleagues dissented from the operation he yet proposed to perform it. Those in charge of the hospital were bound to report anything irregular to the Weekly Board that came beneath their notice, for their own protection, that of the patients, and the public from dangerous experiments. It was not scattered broadcast over the world to injure Mr. Jennings. No, it was made in a letter by responsible persons to the chairman, a person directly interested in the matter, and the Board dealt with the plaintiff as on a question of disobedience of rules. The plaintiff had sought, vainly, as he contended, to fasten any charge of malicious action or feeling on Dr. Snow's part against the plaintiff on frivolous and trumpery materials. Coming to Clark's case, he said that she had sought aid at other hospitals before she came to the Cancer Hospital, and the plaintiff gave notice for a diagnosis consultation; and the defendant and Mr. Jessett said they could not form a definite opinion from the state of the wound, so they recommended a poultice to soften and cleanse the surface. Until Feb. 25th no further notice of any proposed operation was given them by the plaintiff, and then only amputation in general, no place being specified. She was then seen by the defendant, Mr. Jessett, and two others, and they did not believe it to be necessary. This threw a grave responsibility on the plaintiff if he persisted, quite apart from all the rules of the hospital. Dr. Purcell then drew up the blotting-paper protest, signed also by Dr. Snow and Mr. Jessett. In spite of this, the plaintiff brought Clark to the theatre, prepared the instruments, and was prepared to do the operation, and was

only deterred by the resistance of the woman, and almost coerced her by saying, "I will have my own operation or none at all." Where was the language of malice or vituperation in the letter? For aught they knew, the plaintiff might have amputated the arm at the shoulder-joint, as he had not specified where in his notice, but for their protest. And the plaintiff's witnesses proved this was a dangerous, serious operation, with a high mortality in elderly persons. All the statements in the letter were, he submitted, absolutely true; if not, they were made by the defendant under a *bonâ-fide* belief that they were true; and if so, the defendant was entitled to the protection of a verdict at their hands.

Evidence for the defence was given by Dr. Snow, the defendant, by Mr. Jessett, F.R.C.S., by Dr. Purcell, by Mr. C. Nalpy, Dr. Bourns, Mr. Elam, F.R.C.S., Miss Louisa Daucket, and Mrs. Mary Clark, and at its conclusion the Solicitor-General addressed the jury on behalf of the defendant, and Mr. Finlay on the part of the plaintiff.

The learned Judge, in summing up the case, pointed out that, as the occasion was one which cast a duty upon the defendants to draw attention to anything which they might honestly believe to be a breach of the hospital rules, it was a privileged occasion; and that if in such circumstances they had done no more than a reasonable view of the facts and of their duty demanded, they could not be liable in damages; but that if the jury thought they had gone beyond this limit, and had used the occasion for an indirect and improper purpose, to the injury of the plaintiff, their privilege would not protect them.

The jury deliberated, and eventually returned a verdict for the plaintiff with damages, which they assessed at £10. Judgment was given accordingly, but a stay of execution for a fortnight was granted by consent.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

AT a meeting of the Council of the Association, held at their rooms, 3, Bolt-court, Fleet-street, on Feb. 5th, D. B. Balding, Esq., in the chair, attention was drawn to the case of Mr. Burgess and the refusal of the Bethnal-green Board of Guardians to grant him superannuation; and it was resolved that the Council, through their secretary, should respectfully ask the Bethnal-green Board of Guardians to reconsider their decision with regard to Mr. Burgess, who has been their efficient medical officer for more than a quarter of a century, and who is now seventy-eight years of age.

The following resolution was carried in reference to the case of Mr. Haward of Ealing:—"That this Council, having had under consideration the case of Mr. Haward, in reference to his certificate as to the mental condition of a pauper lunatic in his district, is of opinion that the unanimous vote of confidence in him expressed by his guardians was well deserved, and that his action throughout has been only such as the law required."

MEDICAL TRIALS.

COURT OF APPEAL.

LUNATIC ASYLUMS AND INCOME TAX.

(*Before the* MASTER OF THE ROLLS, *and* LORDS JUSTICES BOWEN *and* FRY.)

THEIR Lordships gave judgment in an appeal from a Divisional Court, composed of Baron Pollock and Mr. Justice Hawkins, in the case of "Bray (Surveyor of Taxes) *v.* the Justices of Lancaster," which settles for the first time the important question whether the residential portion of lunatic asylums are assessable under the Property Tax Act. The Justices of Lancaster had been assessed to the income tax on their lunatic asylums in respect of the apartments of the officers; but they appealed to the Divisional Court, which decided the point against them; hence the present appeal.—The case for the appellants was argued by Mr. Gainsford Bruce, Q.C., and Mr. Smyth; and for the Income Tax Commissioners by the Solicitor-General and Mr. Digby.—In giving judgment, the Master of the Rolls said that lunatic asylums were liable to taxation under the Taxes Management Act of 1880. chap. 59, and that the Justices had been properly assessed.—Lords Justices Bowen and Fry concurred, and the appeal was dismissed, with costs.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF INSPECTORS OF THE MEDICAL DEPARTMENT OF THE LOCAL GOVERNMENT BOARD.

Diphtheria at Norwich, by Dr. AIRY.[1]—During the last two quarters of 1887 and the first two of 1888 the Coslany subdistrict of Norwich, after having been comparatively free from diphtheria for many years, suffered severely from that disease, 26 deaths resulting from it. Speaking generally of the city as a whole, the experience of the medical profession is that diphtheria seldom shows itself there in an epidemic form, but is rarely absent as a sporadic disease. The Coslany district consists in part of old streets at a low level, stretching back from the river side, and partly of more modern terraces and side streets on higher ground, and on gravel overlying chalk. It was on this higher ground that the disease chiefly prevailed, a locality containing some two hundred houses, inhabited mainly by artisans, and known as Philadelphia-lane, being persistently implicated. The sewer for this street forms the highest branch of the northern low-level division of the city system; it was made in 1884, and, owing to the access of spring water into the main outfall sewer, which delivers at the pumping station into a sump twenty feet below the level of the river, the pumps are mastered, and the sewage generally stands only about one foot below the level of the river; the whole low-level main and its branches being practically choked up to the crown with nearly stagnant sewage, and the higher branches being charged with the resulting filthy effluvia. And even these branches are made worse by the construction of catchpits, which retain foulness and become so many stinking cesspools, which frustrate the main object of a water-carriage system. The first reported case of diphtheria occurred in Philadelphia-lane on August 30th, 1887, at a spot where the water-supply was in danger of fæcal pollution, and the inhabitants were exposed to the noxious effluvia from silt-pits. Unfortunately, even the obvious danger to health involved in the water-supply was not remedied, for an analyst getting negative results of a sample analysed, announced that the water was "fit for drinking purposes," and this in the case of a well near uncemented pits of neighbouring privies. The Philadelphia Board school now came to be credited with much of the extension of diphtheria. In May, 1888, there was a great extension; the epidemic continued through June into July, and, including attacks outside the city boundary, there appear to have been 82 cases in 44 households, with 30 deaths. Dr. Airy finds considerable difficulty in assigning a precise cause for this outbreak. Milk appeared to be excluded; and any attempt to determine with certainty whether the morbific agent had operated through sewer and cesspool air, or through the atmosphere of a crowded school-room, was frustrated by reason of the subtle nature of the poison and the difficulty of tracking its modes of conveyance. But Norwich certainly presents conditions altogether inimical to health, and the city has further failed to provide itself with anything that can be regarded as favouring the isolation of infectious disease when it does arise, the result being that only one single child suffering from diphtheria was removed to the isolation hospital. This state of affairs is by no means creditable to those who are chosen to control the public health and to prevent the extension of disease.

Diphtheria at Berwick-upon-Tweed, by Dr. PAGE.[1]—This prevalence of diphtheria is mainly interesting by reason of certain peculiarities attaching to it. The town of Berwick consists of three different portions—namely, Berwick proper, Tweedmouth, and Spital, the last two being

[1] Eyre and Spottiswoode, East Harding-street, E.C.; Adam and Charles Black, Edinburgh; and Hodges, Figgis, and Co., Dublin.

separated themselves, and divided from Berwick by the river. In all three, diphtheria had been almost continuously prevalent since 1878; but it is striking to note how that which is admitted now to have been one and the same disease has gradually changed its name from croup to diphtheria. Between 1878 and the middle of June, 1888, Berwick, with somewhat over 9000 people, had 24 deaths from diphtheria and 18 from croup; Tweedmouth, with a population of nearly 3000, had 18 diphtheria and 8 croup deaths; and in Spital, with 1900 inhabitants, diphtheria caused 11 deaths and croup 8. Obviously, anything like inquiry as to the original cause was impossible under such circumstances. In dealing with the facts collected, Dr. Page found that there was not the usual incidence upon school-going children; indeed, each separate division of the town had its own separate school, and neither school attendances nor personal communication could be held to account for much of the spread of the disease. Then, again, the fatal attacks were especially centred on the very young; indeed, a large proportion of those fatally attacked were only from a few months to two years of age; and the infants, in their turn, seem to have done little or nothing in leading to the dissemination of the infection. Locally, the prevailing sanitary circumstances were held accountable for the disease, and in the absence of other ascertained cause Dr. Page seems inclined to think that this view received support. Anyhow, unwholesome conditions are unduly abundant in Berwick, and not least so in the quarters of the town chiefly affected by diphtheria. Owing to imperfect drainage arrangements, houses run much risk of receiving air from the public sewers. There is also much density of building, with numerous courts and yards, such as tends to characterise towns which have formerly been fortified by a zone of ramparts, and dampness of soil about and under houses is not uncommon. To these and other sanitary defects the attention of the sanitary authority is called, definite recommendations being made as to them.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns 5672 births and 3659 deaths were registered during the week ending Feb. 2nd. The annual rate of mortality in these towns, which had been 25·5, 21·9, and 20·6 per 1000 in the preceding three weeks, further declined last week to 20·0. During the first five weeks of the current quarter the death-rate in these towns averaged 22·1 per 1000, and was 2·3 below the mean rate in the corresponding periods of the ten years 1879-88. The lowest rates in these towns last week were 14·4 in Portsmouth, 14·7 in Plymouth, 14·8 in Hull, and 16·7 in Brighton. The rates ranged upwards in the other towns to 25·5 in Manchester, 28·7 in Norwich, 30·5 in Birkenhead, and 33·6 in Blackburn. The deaths referred to the principal zymotic diseases in these towns, which had been 641, 569, and 489 in the previous three weeks, further declined last week to 459; they included 181 from measles, 114 from whooping-cough, 57 from diphtheria, 40 from scarlet fever, 39 from diarrhœa, 28 from "fever" (principally enteric), and not one from small-pox. No death from any of these principal zymotic diseases was recorded during the week in Plymouth or in Wolverhampton, while they caused the highest death-rates in Salford, Birkenhead, and Blackburn. The greatest mortality from measles occurred in Liverpool, Salford, Oldham, Birkenhead, Bristol, and Blackburn; from whooping-cough in Nottingham, Norwich, Blackburn, Preston, and Birkenhead; from scarlet fever in Salford and Blackburn; and from "fever" in Derby. The 57 deaths from diphtheria in the twenty-eight towns included 38 in London, 6 in Manchester, 5 in Salford, 3 in Nottingham, and 2 in Sheffield. No death from small-pox was registered in any of the twenty-eight great towns. Only 1 small-pox patient was under treatment at the end of the week in the Metropolitan Asylum Hospitals, and 1 in the Highgate Small-pox Hospital. The number of scarlet-fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital was 675, against numbers declining in the preceding eleven weeks from 980 to 672; 65 cases were admitted to these hospitals during the week, the numbers in the previous three weeks having been 41, 51, and 61. The deaths referred to diseases of the respiratory organs in London, which had been 652, 492, and 456 in the preceding three weeks, further declined last week to 410, and were 236 below the corrected average. The causes of 82, or 2·2 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Sunderland, Portsmouth, Brighton, and in four other smaller towns. The largest proportions of uncertified deaths were registered in Sheffield, Oldham, Salford, and Bradford.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 24·1, 22·0, and 21·0 per 1000 in the preceding three weeks, was 21·4 in the week ending Feb. 2nd; this rate exceeded by 1·4 the mean rate during the week in the twenty-eight large English towns. The rates in these Scotch towns ranged from 13·6 and 15·8 in Leith and Perth to 22·6 in Dundee and 25·1 in Glasgow. The 547 deaths in the eight towns showed an increase of ten upon the number in the previous week, and included 20 which were referred to whooping-cough, 18 to measles, 9 to "fever" (principally enteric), 8 to diarrhœa, 5 to diphtheria, 4 to scarlet fever, and 1 to small-pox; in all, 65 deaths resulted from these principal zymotic diseases, against 64 and 65 in the preceding two weeks. These 65 deaths were equal to an annual rate of 2·5 per 1000, which was 0·2 below the mean rate from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had been 15, 16, and 19 in the preceding three weeks, further rose last week to 20, of which 14 occurred in Glasgow and 3 in Dundee. The 18 deaths from measles were within one of the number in the previous week, and included 13 in Glasgow and 3 in Greenock. The 9 deaths referred to "fever" showed a further increase upon the low numbers in recent weeks; 5 were returned in Glasgow and 3 in Greenock. The 4 fatal cases of scarlet fever corresponded with the number in the previous week, and included 3 in Glasgow. The deaths referred to diphtheria, which had declined in the previous three weeks from 11 to 7, further fell last week to 5, of which 2 occurred in Edinburgh. The death from small-pox occurred in Dundee. The deaths referred to the principal diseases of the respiratory organs, which had been 160 and 140 in the previous two weeks, further declined last week to 134, and were 15 below the number returned in the corresponding week of last year. The causes of 78, or nearly 14 per cent., of the deaths registered during the week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been 31·5 and 27·5 per 1000 in the preceding two weeks, was 27·6 in the week ending Feb. 2nd. During the first five weeks of the current quarter the death-rate in the city averaged 29·6 per 1000, the mean rate during the same period being 21·1 in London and 18·8 in Edinburgh. The 187 deaths in Dublin last week showed an increase of one upon the number in the previous week; they included 4 which were referred to "fever" (typhus, enteric, or ill-defined), 3 to scarlet fever, 2 to measles, 1 to diarrhœa, and not one either to small-pox, diphtheria, or whooping-cough. Thus the deaths from these principal zymotic diseases, which had been 16, 10, and 11 in the previous three weeks, declined again last week to 10; they were equal to an annual rate of 1·3 per 1000, the rates from the same diseases being 2·2 in London and 1·2 in Edinburgh. The fatal cases of "fever" exceeded the numbers in either of the preceding two weeks; while no death from whooping-cough was registered, against 3 and 2 in the previous two weeks. Nine deaths from violence and only 4 inquest cases were registered; and 64, or more than a third, of the deaths occurred in public institutions. The causes of 20, or nearly 11 per cent., of the deaths in the city were not certified.

THE SERVICES.

ARMY MEDICAL RESERVE OF OFFICERS.—Acting Surgeon James Menzies, M.D., 1st Roxburgh and Selkirk (the Border) Rifle Volunteer Corps, to be Surgeon, ranking as Captain (dated Feb. 6th, 1889).

ADMIRALTY.—The following appointments have been made:—Fleet Surgeon Mark A. Harte to the *Revenge*, and Staff Surgeon John Tyndall to the *Liffey* (both dated Feb. 23rd, 1889).

YEOMANRY.—Herts: Surgeon and Honorary Surgeon-Major C. Drage resigns his commission; also is permitted to retain his rank, and to continue to wear the uniform of the Regiment on his retirement (dated Feb. 2nd, 1889).

VOLUNTEER CORPS.—*Artillery:* 1st Aberdeenshire: Lieutenant J. Cook to be Captain (dated Feb. 2nd, 1889).—1st Volunteer (Hampshire) Brigade, Southern Division, Royal Artillery: Surgeon and Honorary Surgeon-Major B. Norman resigns his commission; also is permitted to retain his rank, and to continue to wear the uniform of the Brigade on his retirement (dated Feb. 2nd, 1889).—*Rifle:* 5th (Deeside Highland) Volunteer Battalion, the Gordon Highlanders: Robert Cran, M.B., to be Acting Surgeon (dated Feb. 2nd, 1889).—2nd Volunteer Battalion, the Lincolnshire Regiment: Henry Jelfe Thornton, Gent., to be Acting Surgeon (dated Feb. 2nd, 1889).—3rd Volunteer Battalion, the Queen's (Royal West Surrey Regiment): Kenneth William Millican, Gent., to be Surgeon (dated Feb. 2nd, 1889).

VOLUNTEER MEDICAL STAFF CORPS.—The Woolwich Division: Sidney Davies, M.B., to be Surgeon, Supernumerary (dated Feb. 2nd, 1889).

Correspondence.

"Audi alteram partem."

"XEROSTOMIA"—A TERM SUGGESTED FOR THE AFFECTION KNOWN AS DRY MOUTH.

To the Editors of THE LANCET.

SIRS,—In the last volume of the Clinical Society's Transactions two cases of "dry mouth" were reported, one by Mr. Hutchinson, the other by myself. At a meeting of the same Society on Nov. 3rd, 1888, the subject was again referred to by Mr. Hutchinson, and other cases were mentioned by various speakers as occurring within their experience. There is no doubt that the condition is a definite clinical state, though its pathology has still to be determined. At this meeting I criticised adversely the use of the term "aptyalism," and spoke in favour of the disease being called "dry mouth," which has the advantage of being English and of accurately representing the salient symptoms. I agree, however, with Mr. Hutchinson's contention that it is advisable to describe a definite morbid state by Latin or Greek derivatives, so that the name may become universal in all countries. I objected to the name "aptyalism" partly on the ground of its derivation, but mainly for the reason that "ptyalism" has come to denote in medicine "salivation," or the excessive flow of saliva. "Aptyalism," the negative of a superpositive state, does not necessarily indicate the absence or deficiency of saliva, as it might logically and with equal justice be applied to the normal flow. I referred the matter to two friends who could speak with authority on the matter. These gentlemen are the Rev. J. A. Beet, a Biblical commentator and translator, and Mr. Nicholson, the Bodleian librarian at Oxford. Both were agreed that the term "xerostomia" would correctly describe the condition of dry mouth. In a conversation with Mr. Hutchinson just before he delivered the presidential address at the Neurological Society on Jan. 24th, an abstract of which is given in your columns of Jan. 26th, I found that he had independently come to the same conclusion, after consultation with a friend. Mr. Nicholson's letter is so instructive that I venture to reproduce the essence of his remarks.

With reference to the word "xerostoma" (to which I had alluded in my letter), he replied that the analogy with scleroderma was perfect, but that the latter was "a monstrosity of medical composition." The words σκληρόδερμα and ξηρόστομα are the neuters plural of σκληρόδερμος and ξηρόστομος, and should be translated respectively "hard-skinned" (things or animals) and "dry-mouthed" (things or animals). In order to combine the stems ξηρο- and στόμα it would be necessary to say ξηρὸν στόμα (a dry mouth), or ξηροστομ-ία (dry-mouthed-ness). To these rules there are few exceptions. Mr. Nicholson goes on to say that Hippocrates describes "thickness of the skin" not by the word παχύδερμα, but by παχυδερμία. "Xerostomia" then might be adopted to denote what I should still have liked to term "dry mouth," were it not necessary to devise a name which by its classical source suggests the specificity of the affection and at the same time has a more universal applicability. Names, it is true, are only labels, often very bad, very misleading, and very detrimental to subsequent advance. Still, a name which involves no theory as to the possible pathological cause of a morbid state, and which describes with exactitude the essential clinical nature of the affection, and which is free from reproach as regards its derivation, certainly fulfils a useful purpose. It is evident that the words "scleroderma," "leucoderma," "xeroderma," and such-like, require an *i* before the final letter. I was glad to notice when Mr. Hutchinson was delivering his address at the Neurological Society that he adopted this pronunciation, influenced, no doubt, by the analogy with "xerostomia." We have many bad terms in medicine which cling because they are old and sound well, and hence difficult to eradicate. The alteration in the words just mentioned is slight, and would have the advantage of accuracy. I trust, therefore, that in future we shall speak of sclerodermia, leucodermia, and xerodermia, as well as of xerostomia. I am, Sirs, yours faithfully,

Welbeck-street, W., Jan. 25th, 1889. W. B. HADDEN.

THE USE OF IODOFORM IN SURGICAL PRACTICE

To the Editors of THE LANCET.

SIRS,—The letter of Mr. Keetley in your issue of Jan. 26th has again drawn attention to a subject which is scarcely sufficiently recognised—namely, the possible dangers of poisoning by iodoform when used as an antiseptic agent in wounds. In my capacity as surgical registrar at St. Bartholomew's Hospital I have seen iodoform largely used; and, whilst I do not think that it causes symptoms of poisoning in any considerable proportion of the cases in which it is employed, I am nevertheless acquainted with a considerable number in which definite symptoms have arisen. It is also well recognised that these symptoms differ considerably in different cases.

In a boy aged eleven, whose knee-joint had been excised, and whose wound had been dressed with iodoform, the symptoms were acute and transient. A few days after the operation the temperature rose, the pulse became quick and a little irregular, and he very soon became comatose. His condition was in every respect similar to that of a child with tubercular meningitis. He lay on his back with the head slightly retracted, the eyelids partly raised, showing the whites of the eyes, and uttering a low moaning noise. He was quite unconscious. The sudden onset of the symptoms, the absence of previous vomiting or headache, and the rapid rise of temperature, all, however, pointed to the possibility of iodoform poisoning rather than to the supervention of tubercular meningitis, and although the child seemed actually moribund, he rapidly recovered after the iodoform dressing had been removed and the wound well washed out. In twenty-four hours he was practically well.

In another case the symptoms were insidious. A woman, aged fifty, had suppuration about the breast, which was treated by free incision and iodoform dressings. She soon became light-headed, and constantly talked nonsense, and, though never violently delirious, she gradually became worse. Her temperature was raised, her pulse rapid and feeble, and she was unable to sleep. The case occurred some time ago, and was not recognised at first as one of iodoform poisoning; but, as the wound was not doing well, the dressings were changed, and the patient quickly improved, only to again become fatuous when iodoform was again employed. This time, however, the onset of the symptoms was too evidently connected with the use of the drug, and on its being discontinued she made a complete recovery.

In a third case, one of amputation of the breast, the symptoms of poisoning took the form of a violent delirium, with almost complete inability to sleep, rise of temperature, and great mental excitement. In this case the iodoform dressings were at once discontinued, but without influencing the symptoms. The patient gradually became weaker, and, although she lived for three weeks, she sank and died without again becoming completely conscious. A necropsy revealed nothing which could account for the symptoms

In addition to these, I have seen several other cases characterised simply by occasional wandering and incoherent talk, in which the patients at no time appeared to be in any danger of their lives, and in these a condition bordering closely on lunacy continued for several weeks in spite of removal of all iodoform from the wound. It would thus appear that, as Mr. Keetley suggests, the symptoms may continue in spite of the removal of the cause; but I think that, if iodoform were always at once removed as soon as any delirium appeared, fatal terminations would be very rare. It is also thought by many surgeons that the use of iodoform in crystal is less dangerous than the use of the powdered drug, and this at any rate would seem likely when we consider how much more finely divided is the powder. I was further recently told by one of Professor Billroth's assistants that since they had given up putting iodoform into the wounds, and had used it on the dressings only, there had been no instances of poisoning.

I do not think, therefore, that it is necessary to give up all use of the drug, and I should personally be sorry to be debarred from using what is in my opinion a most useful antiseptic. I do, however, feel that many who use it are not sufficiently aware of the possible risks to which their patients are subjected, and would wish to suggest, not that iodoform should be abandoned, but that it should be used with caution.—I am, Sirs, yours truly,

Queen Anne-street, Feb. 2nd, 1889. ANTHONY A. BOWLBY.

CRANIOTOMY ON THE AFTER-COMING HEAD.

To the Editors of THE LANCET.

SIRS,—There is one point in Dr. Braxton Hicks's letter in your issue of Jan. 26th to which I should like to refer. He says: "But to get the full value out of the cephalotribe we must also use it as a tractor. ..... This power of traction enables us to deliver at once, for I never knew it to fail to hold firmly the crushed head." My experience of this instrument has not been so uniformly satisfactory as Dr. Hicks's, as in more than one case in which I have used it, or seen it used by others, as a tractor to the forecoming head, it has slipped when moderate force was used. Nor is it difficult to understand why this should occur. If the cephalotribe be applied quite centrally, the tips of the blades will be prevented by the neck of the child from coming into close apposition, and when traction is applied, if there be any considerable resistance, the instrument is liable to be pulled straight off the head. On the other hand, if the tips of the blades are clear of the neck, then the instrument tends to slip off in a backward or forward direction, partial extension or flexion of the head being produced by the traction. The chief obstacle to delivery in cases where the pelvic contraction is considerable lies in the firm and unyielding base of the skull. In seeking to overcome this difficulty there are two general plans, in accordance with one or other of which we may regulate our operative measures. The first plan is to seek to bring the unreduced base past the obstruction by tilting it and adapting it to the contracted pelvis This is what Dr. Braxton Hicks prefers to do, and he has two methods of doing it. In some cases he applies the cephalotribe, which, as he himself has demonstrated, tilts the base of the skull but does not crush it. The result of applying this instrument, however, in the case of a flattened pelvis, is to bring the tilted base with its long diameter in correspondence with the shortest pelvic diameter, and hence a movement of rotation has to be made before traction is applied. It is this adaptation of the tilted base to a flattened and irregular pelvic brim that constitutes the main difficulty in effecting delivery with the cephalotribe, and this difficulty is sometimes of a very formidable nature. In other cases Dr. Braxton Hicks brings the base through by the method he introduced in 1864. After the whole calvaria has been removed, he makes traction on the orbit by means of a blunt hook, and so induces a face presentation. I have adopted this method in two cases where the pelvic contraction was marked, and in both of them found that the removal of the entire vault of the skull was a tedious and difficult operation, and that dragging on the orbit with a hook was a procedure attended with some anxiety. The aim of the second plan is to destroy the integrity of the base, so that it no longer forms a serious obstacle to delivery. This may be done by means of the basiclyst or some such instrument after the vertex has been perforated, or by means of an ordinary perforator introduced through the roof of the mouth after version and extraction of the body have been performed. I have had recourse to the latter method in seven cases, and have every reason to be satisfied with it. Dr. Braxton Hicks, in his letter, indirectly raises some objections to this method; but, having already dealt with these objections in my paper, I need not occupy your space by discussing them again.

I may state, in conclusion, that as an instrument to be used on the after-coming head I regard the cephalotribe as invaluable, and that I have a decided preference for the form of the instrument devised by Dr. Braxton Hicks.

I am, Sirs, yours faithfully,

Manchester, Feb. 1889. ARCHIBALD DONALD.

LONDON CORRESPONDENTS.

To the Editors of THE LANCET.

SIRS,—I have received a copy of the *Allahabad Morning Post* of Jan. 7th, 1889, in which, to my surprise, I find a "Medical Letter" ("from our own correspondent") dated London, Dec. 14th, consisting mainly of a garbled version of my clinical lecture on Ovariotomy, published in THE LANCET of July 7th. What possible interest the readers of the *Allahabad Morning Post* can have in the subject I do not know, and the whole letter seems to me to be in the worst possible taste. What I complain of most particularly is that the writer, having followed me pretty closely up to the closure of the wound, proceeds as follows:—"I may mention that it is customary in adjusting wounds of this nature to blow on it (*sic*) a little iodoform, a powerful but not very odoriferous antiseptic, yet for all that eminently serviceable as a dressing for specific sores both in the male and female, indolent ulcers and ulcerations of the uterus. Internally it is much used in syphilis where the nose, pharynx, and tongue are much involved—in these more especially. Various attempts have been made to deodorise it, and I believe successfully, musk being the principal ingredient For my own part, I would prefer it without that, to me, most abominable of scents. It takes more than a lifetime to get rid of the offensive odour emitted by the musk-rat, which, though differing from that of the deer, is still associated with it in my mind from a strong family likeness, so to speak. One confuses up the other, and as many of the fair sex indulge in musk as bouquet, I have often to pass through a very unpleasant ordeal in public places, such as railways, omnibuses, and the like. In consequence of this and for *another* reason, I generally enter a smoking compartment when travelling by rail. It does not always answer, however, as females seem to have a fancy for the same nowadays, and when warned declare they rather like smoke than otherwise. The bye-laws of companies on this head require remodelling with regard to the temperature table. In the case under review the temperature gradually rose, and at 3 o'clock the next day stood at 130°." (!) What the bye-laws of railway companies have to do with the temperature table I cannot say, but I think 103° would more accurately represent my patient's temperature. How any London medical man can lower himself to compile such balderdash for the benefit of Indian readers I cannot imagine, and I must beg "our own correspondent" to leave my lectures alone for the future.

I am, Sirs, yours obediently,

Feb. 7th, 1889. CHRISTOPHER HEATH.

MEDICAL CHARITIES.

To the Editors of THE LANCET.

SIRS,—I see with pleasure that you have noticed a speech which I made the other day on the subject of a public inquiry into our system of medical charities in London at the annual meeting of the Charity Organisation Society, and also that you are in favour of such an inquiry. You think the language which I used too forcible, so perhaps you will allow me to explain that the words "ignorant prejudice," to which I suppose your objection applies, were quoted from a previous speech of Lord Balfour of Burleigh. He had said that there was an ignorant prejudice on the part of charities against inquiry. In speaking to the topic of my remarks, I quoted this opinion of his lordship, and said that if there

was any such prejudice on the part of the great hospitals, it might perhaps be described as "ignorant," for that they would certainly come out from any full and impartial inquiry with added claims to public confidence and support, but that there were many so-called "medical charities" which had an objection to inquiry that could hardly be called either ignorant or a prejudice, and that such an objection ought to be an additional motive for pressing the inquiry. I leave you and your readers to judge whether this is or is not the sober truth.

Much care, as you hint, would no doubt be necessary both in selecting the commissioners and in the conduct of the inquiry. But I have no doubt that the inquiry must be undertaken sooner or later, and that nothing but harm can result from delaying it, and so continuing the present disorganisation and increasing the difficulties of the really deserving charities; and I am glad to infer from the tenour of your remarks that your influential journal is of the same opinion. I am, Sirs, your obedient servant,

Great Cumberland-place, Feb 5th, 1889 T. HOLMES.

THE VOLUNTEER MEDICAL SERVICE.

To the Editors of THE LANCET.

SIRS,—I shall be obliged if you will kindly, through the medium of your journal, allow me as the representative of the Volunteer regimental medical officers on the late War Office Committee (Surgeon Commandant A. J. Norton representing the Volunteer Medical Staff Corps), which was appointed to consider and report upon the organisation of the Volunteer Medical Service, to inform them of the recommendations to which effect has now been given.

1. The whole of the Volunteer medical officers, both regimental and those attached to the Volunteer Medical Staff Corps, are now classified according to their rank and date of commission or appointment in the Army List. (See Jan. 1889 edition, p. 672, under the heading of "Volunteer Medical Staff."

2. All acting surgeons who are in possession of the certificate of proficiency can, upon recommendation by their commanding officers through the district military authorities, *be gazetted and commissioned to the rank of surgeon.* (Vide A. O. 77, Feb. 1889.)

3. A volunteer surgeon of fifteen years' service *as a medical officer* in the Army, Royal Navy, Royal Marines, or Auxiliary Forces, can be promoted to the *substantive* rank of surgeon-major if recommended by his commanding officers through the usual military channels. (Vide A. O. 77, Feb. 1889.)

I need not point out to my brother officers the great gain to our service of the above alterations, but I would venture to congratulate the acting surgeons upon the removal of the great injustice they have too long laboured under; and it is only fitting that I should embrace this opportunity of recording our indebtedness to the War Office Committee, and especially to Sir Thomas Crawford, who throughout took the greatest interest in furthering the recommendations of the Volunteer Medical Association, the adoption of which has led to the present improved position of our service.

I am, Sirs, yours faithfully,

WILLIAM ROBERT SMITH, M.D., F.R.S. Ed.,
Surgeon-Major, Volunteer Medical Staff, &c.;
Treasurer, Volunteer Medical Association.

Great Russell-street, Bloomsbury-square, W.C., Feb. 4th, 1889.

THE PROTECTION OF THE MEDICAL PROFESSION.

To the Editors of THE LANCET.

SIRS,—The correspondence which has appeared in your columns relative to the above subject is sufficient to show that it deserves some consideration. It is at present, unfortunately, an undoubted fact that we are placed at a great disadvantage to those who are members of a sister profession—viz., that of the law. Lawyers are most thoroughly protected against spurious practitioners by means of the Incorporated Law Society holding its ægis over its members, whereas we of the medical profession have really no protection whatever. Unqualified practitioners in medicine abound now more than ever, and, with the present imperfect machinery for their prosecution, it really appears as if they had the advantage over qualified and registered men. In fact, it becomes a serious question whether, in the pecuniary sense, it is worth while to go through the trouble and heavy expense of hospital curriculum, graduation, and qualification at all. Our registration certainly entitles us to sue for fees where they would be otherwise unpaid; but how many of us resort to the County Court for recovery of medical debts? Even the striking off the Register does not prevent a man practising, and I have two cases in my mind at present where, this penalty having been exacted, the offenders are still gaily conducting large practices and using the title of "Dr." and "Surgeon." I believe that the only method of checking this will be by calling upon the Legislature to pass a short Bill by which all medical men practising in Great Britain and Ireland will be compelled to pay an annual licensing fee of, say, one guinea to entitle them to practise; and, further, that this licence shall only be granted on the production of an authorised diploma or degree entitling to registration under the Act. That, further, if anyone should be found practising without such a licence, he shall be called upon to produce such diploma or degree; and if he cannot do so, he shall be summoned, and if convicted be fined £100. The prosecution in this case would fall in the hands of the Inland Revenue authorities, and, judging by their well-known zeal in the collection of ordinary taxes, we may rest assured that they would look well after their "duties" The guinea fee, giving protection to the medical profession, would not be objected to, as at present each of us loses far more than this amount by unqualified practice. Lawyers have to pay a much heavier fee each year for certificates to practise, but they feel that the aid it gives them in checking unqualified practitioners makes it worth their while to pay it. With regard to the "hospital question" and "gratuitous advice," the whole question will, I hope, shortly be threshed out by a Royal Commission.

I am, Sirs, yours faithfully,

A. G. BATEMAN, M.B.,
Longridge-rd., S.W., Feb. 1889. Joint Sec. Med. Defence Union.

JENNER ON THE VARIOLÆ VACCINÆ.

To the Editors of THE LANCET.

SIRS,—After perusing Dr. Wilks' article on the above, I have carefully re-read this "model of scientific investigation," as he justly styles Jenner's "Inquiry." The first point that strikes one is the complete and lasting immunity conferred by the cow-pox, as instanced by inoculation with variolous matter after periods varying from twenty-five to fifty-three years. This is no doubt due to the fact that a sufficient quantity of the cow-pox virus was introduced when obtained in the natural way, or by Jenner's inoculation.

Vaccination, as performed by the general practitioner, whose results are not challenged by a Government inspector, is, I fear, often performed in a very perfunctory manner, and thereby brought into unmerited contempt by practically evading the Act. Let me illustrate this by an actual case. An infant was recently brought to me for vaccination, for which I had procured calf lymph; the mother desired me to "do it in one place only," saying there was a doctor within a few miles who never did more, and instancing a case. To him I recommended her to take her child, as I declined to do less than three, when she submitted. She was full of all the stock objections of the anti-vaccinationists.

Now, Sirs, the Government inspectors insist on an amount of cicatricial area which cannot be obtained by less than three good-sized vesicles; and, though not a public vaccinator, I think it would be dishonest to go through the farce of scratching the child's skin, and pandering to the ignorance of parents, knowing that no efficient protection can result. Is it not probable that the perfect immunity after natural vaccinia and vaccination in Jenner's time was due to the thorough way in which it was performed? and but too probable that the odium into which vaccination has fallen now-a-days is in great measure due to the careless way and the bad faith in which the operation is done? Surely those members of our profession who despise it and hold it in contempt (and there are such) would better consult their own dignity and that of their calling (not to mention honesty) by declining to lend themselves to an evasion of the Act. One remedy suggests itself, and that is, that all children should pass a Government inspection, whether vaccinated by

public vaccinator or private practitioner. Our infant schools might easily be inspected, and all not showing sufficient cicatricial area should be revaccinated. The sham operation would soon become a relic of the past if it were certain to be followed by a genuine one. Another suggestion is that Jenner's "Inquiry" should be reprinted and disseminated broadcast, for the sweeping away of the crass ignorance and prejudice which exist—and in persons, too, who should desire to be correctly informed. As Dr. Wilks remarks, "these facts of Jenner are overlooked, so that I do not know a single opponent of vaccination who has read his original 'Inquiry.'" It could be produced in pamphlet form for a penny.

I am, Sirs, your obedient servant,

Spondon, Derby, Feb. 4th, 1889. BENJAMIN WALKER.

SIGMOID COLOTOMY.

To the Editors of THE LANCET.

SIRS,—My first case of sigmoid colotomy was performed early in the year 1884; the operation was divided into two stages, and its various details carried out in the manner mentioned in the lecture recently published in your columns. The various steps then undertaken (excepting the attempt to form a spur) were suggested by the teaching and practice of Mr. Lawson Tait, whose brilliant successes in the various branches of abdominal surgery had shown the wisdom of attending to every detail, however seemingly trivial. On reference, I find that the paper mentioned by Mr. Herbert William Allingham in your last issue was published in a contemporary.[1] As I was in America at the Washington Congress that autumn, I fear it has been overlooked; but with the new edition of his eminent father's book I am better acquainted. To his suggestion of plagiarism I must therefore plead "not guilty." With reference to the other points contained in his communication, they appear to be merely questions of circumstance and of individual opinion and practice; but, as to the wire guide, I may say I regard it as of more importance in private than in hospital practice, as the opening of the gut may often have to be undertaken by one less experienced than the original operator, and it is as well to have an exact landmark when the bowel is to be incised. In my own operations I have not met with any cases of subsequent prolapsus, and sincerely hope they will only prove to be common in other hands with other methods of manipulation.

I am, Sirs, yours faithfully,

Birmingham, Jan. 21st, 1889. THOMAS F. CHAVASSE.

MIDWIFERY FORCEPS.

To the Editors of THE LANCET.

SIRS,—I have no wish to infringe upon your valuable space by a useless discussion on the merits of the various devices which have from time to time been introduced to modify midwifery forceps, but I should feel obliged if you will kindly allow me to refer to Mr. Blenkarne's letter in your last impression, and to indicate certain misconceptions which he entertains in regard to my instrument.

In the first place, my forceps were adapted on purpose to facilitate the introduction of the right or upper blade first, because for various reasons this blade is considered to be the more difficult to place *in situ*, and because this difficulty will be increased if the lower blade be first introduced by its presence in the vagina, and by the uterine contractions it dynamically sets up. If Mr. Blenkarne will refer to Dr. Meadows' Manual on Midwifery (fourth edition, p. 214), he will see that this great authority recommended the introduction of the upper blade first; therefore I had the locks adapted to this end. Mr. Blenkarne objects to the direction in which the handle flexes. I have two excellent reasons for making the handle of the upper blade to flex backwards. Firstly, because if it flexed forwards (as in Mr. Blenkarne's) the thighs and calves of the patient would utterly prevent introduction. As yet I have never found the perineum to be an obstacle, even when the blade is actually *in situ* with the handle fully flexed, but the handle is supposed to be straightened so soon as it has cleared the bed as it sweeps from before backwards. It is hardly necessary for me to allude to the position which the blade of any instrument should be held at the moment of introduction, but the handle is generally as far from the perineum as one can get it on account of the pelvic curve. Secondly, if the handle flexed forward, the instrument as a whole would be weakened for forward traction—a manœuvre of the utmost importance to preserve intact the perineum. The left blade has no hinge, as my instrument is devised to facilitate use without weakening its power. I consider the forceps to be long enough for either the high or the low operation, being eight inches and a half from the tip of the blade to the lock. I have used them many times with comfort and success.

I am, Sirs, yours &c.,

WM. D. HASLAM.

N.B.—The woodcut is an inaccurate representation of my forceps.

Mecklenburgh-square, Feb. 2nd, 1889.

[1] Brit. Med. Jour., Oct. 22nd, 1887.

RAYNAUD'S DISEASE.

To the Editors of THE LANCET.

SIRS,—In your issue of Dec. 22nd, p. 1256, Dr. Hingston Fox, writing on the above subject, states that recent investigation makes it probable that peripheral neuritis is a result rather than a cause of the changes in the extremities. In a paper published in THE LANCET of Nov. 12th, 1887, p. 958, I described a case of non-tuberculated leprosy with local asphyxia between the anæsthetic patches, and commented on its remarkable resemblance to an early stage of Raynaud's disease. At the necropsy I found numerous leprosy bacilli, both in the median nerve and cervical sympathetic. The patient was watched by me for over two years, and the anæsthesia existed long before the local asphyxia, which, indeed, only came on at the close. The question naturally arises, Why is not local asphyxia commoner in leprosy? This I am unable to answer, but I submit that the case suggests that peripheral neuritis may sometimes cause the circulatory disorders. Possibly the degree of asphyxia may be determined by the extent to which the sympathetic fibres are involved.

I am, Sirs, yours truly,

Trinidad, Jan. 15th, 1889. BEAVEN RAKE.

ASPHYXIA AND THE POPLAR STRANGULATION CASE.

To the Editors of THE LANCET.

SIRS,—The annotation in THE LANCET of Jan. 26th referring to the case of Rose Millet recalls to my mind a remarkable case of asphyxia I met with some years ago. A lady, about twenty-four years of age, who had fallen into intemperate habits, was seated at a bedroom window watching for her lover, who disappointed her. Apparently during this time she was drinking whisky, a quart bottle of which, nearly empty, was found in a drawer of the dressing table at which she was sitting. In her intoxication she rolled off her chair and fell so that her mouth and nostrils were enclosed in an open buttoned lady's boot, and she lay there until she died; her tightly-laced corset doubtless helped to produce this result. The only external signs were some marks about the face, which disappeared after the body was released. Is it not possible that, in the Poplar case, the woman falling on her face, and being very intoxicated, accidentally impeded the respiration sufficiently to produce gradual asphyxia? In my case a little lurch would have completely freed the mouth and nostrils, as the boot was standing quite loose on the floor.

I am, Sirs, yours faithfully,

PHILIP B. MASON, M.R.C.S., F.L.S.,
Surgeon to the Burton-on-Trent Infirmary.

Burton-on-Trent, Jan. 26th, 1889.

CONSTIPATION.

To the Editors of THE LANCET.

SIRS,—A large quantity of aperient medicine is swallowed perniciously. When there is insufficient discharge of fæces from the intestine, the patient does not reflect on the cause, but he knows that irritating the *inside* of the intestine will produce free discharge, and this irritation is

unreflectingly repeated as often as the patient desires. At the present day, owing to the increasingly sedentary employment of men, and aggravated in women by the abominable corsets surrounding the whole abdomen, the muscles of the abdominal wall are generally inefficiently developed. The bulk of constipation at the present time is due to want of power in the abdominal muscles. The rational treatment of constipation must be *curing* the weakness of the abdominal muscles caused by corsets and sedentary life, and thus restoring the normal pressure *outside* the intestine instead of irritating the *inside*.

I have found an efficient cure for this deficiency of abdominal muscular strength, and a valuable substitute for intestinal irritation, to be what I call table exercise. Let the patient stand upright, with the back to a firm table, the height of the buttocks, and, keeping quite straight, incline backwards slowly till the trunk and head rest on the table; then, keeping quite straight, raise the trunk till the feet touch the ground, and repeat this motion three times. This exercise may be repeated once or twice during the day. The majority of persons require the caution that they are not to *attempt* it more than a few times at a trial. I say *attempt*, because the majority, such is the general weakness of the abdominal muscles at the present day, cannot accomplish it at first.

The simplicity, efficiency, and common sense of the proceeding are my excuse for braving certain ridicule for the mention of so simple a thing. In answer to ridicule, I ask, Is not a large proportion of constipation better combated by *natural external pressure* than by *unnatural internal irritation*?—I am, Sirs, yours faithfully,

Framlingham, Jan. 26th, 1889. GEO. E. JEAFFRESON.

NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

Newcastle Lying-in Hospital.

THE annual meeting of the Newcastle Lying-in Hospital was held last week, Dr. Gibson in the chair. The report of the committee showed that 287 cases had been attended during the year, being an increase of twenty-four over the preceding year, and that no death had occurred, which was a most satisfactory result. The financial condition of this hospital—one of the most useful of our medical charities—is not altogether satisfactory, and it is to be hoped that a successful effort will be made this year to improve it. This institution very seldom comes before the public, but its managers should remember that in these days a charity must let its existence be known, or it is apt to be soon forgotten.

Middlesbrough.

One of the first uses made by the people of Middlesbrough of their magnificent Town Hall has been to raise funds for hospital purposes. The debt on the North Riding Infirmary of £800 was cleared off by a bazaar extending over three days, and a handsome surplus realised as well. The result must be considered satisfactory by all interested in this effort.

Durham.

A meeting of the committee and supporters of Dr. Robinson's scheme for establishing a Convalescent Home by the Friendly Societies of the northern counties was held in Durham on Saturday last, Dr. Barron presiding, when it was decided to hold a series of public meetings of Friendly Societies in the principal towns of the county during the present year. The supporters have done well, so to speak, to thus lay the foundations of the new institution deep, and to devote this year to the perfecting of the scheme, not thinking of opening the Home before 1890. As Dr. Robinson of Stanhope has initiated this most useful institution, and worked hard to make it (as it may be considered now) nearly an accomplished fact, it is not too soon, I hope, to suggest that his name should be associated with it. I have known cases in which men have originated most useful ideas and laboured strenuously to attain their accomplishment, and in a short time their names in connexion with the successful projects have been forgotten.

Newcastle-on-Tyne, Feb 5th.

SCOTLAND.

(FROM OUR OWN CORRESPONDENTS.)

EDINBURGH.

The William Dickson Travelling Fund.

PROFESSOR BUTCHER, in speaking to his motion, "That the Association (for the better endowment of Edinburgh University) views with much satisfaction the success which has attended the first application of the William Dickson Travelling Fund, and the interest in travelling for the purposes of study and research, which have thereby been shown to exist among the graduates of the University," gave voice to an opinion held very strongly by many who have given thought to the matter, that there are already too many prizes given for mere book work and for work done, but far too few for work yet to be done, not as a reward but as a stimulus to research. It appears that Mr. William Dickson left the money above referred to for travelling scholarships in the first place; but should it be found that such a disposition was unsuitable, the Senatus were to devote it to any other purpose for the benefit of the University. Five distinguished students have already been benefited by the fund, and have, through its agency, been enabled to visit continental schools and to make themselves familiar with new methods of study and research, and to continue, on independent lines, the work of education begun in their *alma mater*.

The Royal Society.

At the last meeting of the Royal Society the three papers read were of considerable interest from a medical point of view. The first paper on the list was by Professor T. R. Fraser on the Natural History of Strophanthus Hispidus. The botanical part was very full, as was also a most interesting description of the habitats and uses of the plant amongst the natives of Africa. Professor Fraser promised further communications on the chemistry and pharmacology of the plant at some future date. Mr. John Aitken communicated the most recent improvements in his Apparatus for Counting Dust Particles in the Atmosphere. He demonstrated the extreme simplicity and rapidity of his method, and pointed out the relation between the number of dust particles and the clearness or fogginess of the atmosphere. A paper was also read from Mr. G. N. Stuart, of the Physiological Laboratory, Owens College, Manchester, on the Resistance in Polarised Nerves where strong Stimuli are used.

Edinburgh Obstetrical Society.

The fiftieth anniversary of the foundation of the Edinburgh Obstetrical Society was celebrated by a dinner on Friday, the 1st inst., in the Victoria Hall, Waterloo Rooms. Upwards of sixty gentlemen were present, the chair being occupied by Dr. C. E. Underhill, the President of the Society. Among the guests of the Society on this occasion were the Lord Provost of Edinburgh, the Presidents of the Royal Colleges of Physicians and Surgeons, the Presidents of the Medico-Chirurgical, Royal Medical, and Glasgow Gynæcological Societies, the Dean of the Medical Faculty, and Professor Sir William Turner. In proposing the "Continued Prosperity of the Edinburgh Obstetrical Society," the chairman gave a sketch of the foundation and history of the Society. He also referred to the interesting fact that six of the original members present at the first meeting were still living among us, and that three of these—Dr. Peddie, Dr. Chas. Bell, and Dr. George Paterson—were present on this occasion. The other toasts were: "The Lord Provost and Magistrates," "The Universities of Scotland," "The Medical Corporations," and "The Kindred Societies."

Edinburgh Association for Incurables.

At the annual general meeting of this Association, which was held in the saloon of the Royal Hotel, Edinburgh, there was a fair attendance. From the annual report it appears that there were 32 male and 33 female patients in the hospital at the close of the year, as compared with 31 males and 32 females at the end of 1887. During the year 24 males and 25 females have been admitted; 21 males and 22 females have died, and 2 of each sex have left of their own accord or been discharged. The hospital has been fully occupied, and the committee have repeatedly been unable

to consider applications for admission on account of there being no available vacancy. The number of applications for admission has greatly increased, there having been 162 during the year, as against 128 in 1887. Of these, however, one-half could not be admitted, and 9 of them had died before vacancies occurred. In 1885 the subscriptions to this excellent institution amounted to £2061; in 1886, £1835 14*s.* 9*d.*; in 1887, £1638 12*s.* 11*d.*; and last year, £1614 8*s.* 10*d.*; while the expenditure had risen from £2455 11*s.* 9*d.* in 1885 to £3090 1*s.* 7*d.* in 1888. This Association has never been one that has pushed itself forward much; and one of the speakers, in support of the motion that efforts be made to provide additional accommodation, will have many to agree with him most heartily in his statement that if the claims of this admirable institution were a little more broadly stated, and were brought a little more prominently before the public, it would perhaps fare a little better. As an outcome of the meeting, a cheque for £500 was handed to the secretary for the benefit of the Association.

The Education of Girls.

Some time ago, Dr. Milne Murray stated that in the Edinburgh girls' schools there was a prevalent neglect of healthy conditions, both as regards excessive work and deficiency of physical exercise. Mr. James Oliphant, M.A., has taken up the subject, and has criticised somewhat severely the present methods of education. He contends that the advocates of the so-called higher education of women are seriously to blame in encouraging the idea that girls should be educated as much as possible, as if they were boys. Until our educational system is much improved, this idea will be fraught with danger to society, both present and future. There is, he maintains, far too little regard to physical conditions; and to remedy this, he thinks that, at the end of each hour of study, physical exercise of some kind or other should be enjoyed by all girls. In the second place, the mental energies are too much taxed, the memory frequently being taxed too severely, and at the expense of the reasoning powers, to develop which but little trouble is taken. The third evil is that the nervous system is often unduly strained by excessive competition, for which evil the promoters of the University local examinations are largely responsible by the encouragement they give to the competitive spirit. Schools could scarcely avoid being made the victims of this system and being forced into a struggle with each other for the favour of a public which believed in results that could be estimated in pounds, shillings, and pence. So long, he said, as parents were encouraged by this scholastic and public opinion, and refused to listen to their physicians, so long would they force teachers to cram their children for competitive examinations, and there was no choice for them (the teachers) but to make the best of a bad situation, and by intervals of physical recreation and rest, and a rational treatment of the subjects to be taught, to try to reduce the dangers of over-pressure to a minimum. It argues well for the spirit in which education is carried on in our schools for girls that one of the head masters should take such a stand.

Edinburgh, Feb. 6th.

GLASGOW.

St. Mungo's College.

The report of the Royal Infirmary gives an account of the steps taken by the managers of the institution to obtain recognition of their medical school under the above title. A Bill which the managers had introduced into Parliament for the establishment of the College was withdrawn, in view of the satisfactory character of the amendments made on the Scottish Universities Bill in the House of Lords, but on the abandonment of the last-mentioned Bill an endeavour was made to obtain some form of incorporation and endowment for the school, so that advantage may be taken of the affiliation clauses of the Bill as soon as it becomes law. At one of the interviews the managers had with Lord Lothian, Secretary for Scotland, his lordship suggested three modes by which incorporation might be obtained—namely, by Act of Parliament, by Royal Charter, and by registration of an association under the Companies Acts. The managers have resolved to adopt the last as the simplest and least expensive, and accordingly propose to form a limited liability company under the title of "St. Mungo's College," for the registration of which, without the addition of the word "limited" to its name, a Board of Trade licence has been applied for, but is opposed by the Senate of the University.

Western Infirmary.

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Glasgow, Feb. 5th.

IRELAND.

(FROM OUR OWN CORRESPONDENTS.)

DUBLIN.

British Medical Association: Dublin Branch.

THE twelfth annual meeting was held last week in the College of Physicians. The report of the Council referred to the various subjects which had been under consideration by the Dublin Branch. Owing mainly to the strong recommendations made by the branch, the Royal University has made arrangements which will promote the study of pathology, and the Council hoped that other corporations would follow this example. Dr. Mapother, the outgoing President, having vacated the chair, Dr. Atthill proposed a vote of thanks to him for the zeal which he had shown on behalf of the branch during his year of office, which was seconded by Mr. Fitzgibbon, President of the Royal College of Surgeons, and adopted. The President, Dr. William Moore, next delivered a highly interesting address. In the course of his remarks, he said that one great Irish grievance still remained unredressed, and one in which the British Medical Associa-

unreflectingly repeated as often as the patient desires. At the present day, owing to the increasingly sedentary employment of men, and aggravated in women by the abominable corsets surrounding the whole abdomen, the muscles of the abdominal wall are generally inefficiently developed. The bulk of constipation at the present time is due to want of power in the abdominal muscles. The rational treatment of constipation must be *curing* the weakness of the abdominal muscles caused by corsets and sedentary life, and thus restoring the normal pressure *outside* the intestine instead of irritating the *inside*.

I have found an efficient cure for this deficiency of abdominal muscular strength, and a valuable substitute for intestinal irritation, to be what I call table exercise. Let the patient stand upright, with the back to a firm table, the height of the buttocks, and, keeping quite straight, incline backwards slowly till the trunk and head rest on the table; then, keeping quite straight, raise the trunk till the feet touch the ground, and repeat this motion three times. This exercise may be repeated once or twice during the day. The majority of persons require the caution that they are not to *attempt* it more than a few times at a trial. I say *attempt*, because the majority, such is the general weakness of the abdominal muscles at the present day, cannot accomplish it at first.

The simplicity, efficiency, and common sense of the proceeding are my excuse for braving certain ridicule for the mention of so simple a thing. In answer to ridicule, I ask, Is not a large proportion of constipation better combated by *natural external pressure* than by *unnatural internal irritation*?—I am, Sirs, yours faithfully,

Framlingham, Jan. 26th, 1889. GEO. E. JEAFFRESON.

NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

Newcastle Lying-in Hospital.

THE annual meeting of the Newcastle Lying-in Hospital was held last week, Dr. Gibson in the chair. The report of the committee showed that 287 cases had been attended during the year, being an increase of twenty-four over the preceding year, and that no death had occurred, which was a most satisfactory result. The financial condition of this hospital—one of the most useful of our medical charities—is not altogether satisfactory, and it is to be hoped that a successful effort will be made this year to improve it. This institution very seldom comes before the public, but its managers should remember that in these days a charity must let its existence be known, or it is apt to be soon forgotten.

Middlesbrough.

One of the first uses made by the people of Middlesbrough of their magnificent Town Hall has been to raise funds for hospital purposes. The debt on the North Riding Infirmary of £800 was cleared off by a bazaar extending over three days, and a handsome surplus realised as well. The result must be considered satisfactory by all interested in this effort.

Durham.

A meeting of the committee and supporters of Dr. Robinson's scheme for establishing a Convalescent Home by the Friendly Societies of the northern counties was held in Durham on Saturday last, Dr. Barron presiding, when it was decided to hold a series of public meetings of Friendly Societies in the principal towns of the county during the present year. The supporters have done well, so to speak, to thus lay the foundations of the new institution deep, and to devote this year to the perfecting of the scheme, not thinking of opening the Home before 1890. As Dr. Robinson of Stanhope has initiated this most useful institution, and worked hard to make it (as it may be considered now) nearly an accomplished fact, it is not too soon, I hope, to suggest that his name should be associated with it. I have known cases in which men have originated most useful ideas and laboured strenuously to attain their accomplishment, and in a short time their names in connexion with the successful projects have been forgotten.

Newcastle-on-Tyne, Feb 5th.

SCOTLAND.

(FROM OUR OWN CORRESPONDENTS.)

EDINBURGH.

The William Dickson Travelling Fund.

PROFESSOR BUTCHER, in speaking to his motion, "That the Association (for the better endowment of Edinburgh University) views with much satisfaction the success which has attended the first application of the William Dickson Travelling Fund, and the interest in travelling for the purposes of study and research, which have thereby been shown to exist among the graduates of the University," gave voice to an opinion held very strongly by many who have given thought to the matter, that there are already too many prizes given for mere book work and for work done, but far too few for work yet to be done, not as a reward but as a stimulus to research. It appears that Mr. William Dickson left the money above referred to for travelling scholarships in the first place; but should it be found that such a disposition was unsuitable, the Senatus were to devote it to any other purpose for the benefit of the University. Five distinguished students have already been benefited by the fund, and have, through its agency, been enabled to visit continental schools and to make themselves familiar with new methods of study and research, and to continue, on independent lines, the work of education begun in their *alma mater*.

The Royal Society.

At the last meeting of the Royal Society the three papers read were of considerable interest from a medical point of view. The first paper on the list was by Professor T. R. Fraser on the Natural History of Strophanthus Hispidus. The botanical part was very full, as was also a most interesting description of the habitats and uses of the plant amongst the natives of Africa. Professor Fraser promised further communications on the chemistry and pharmacology of the plant at some future date. Mr. John Aitken communicated the most recent improvements in his Apparatus for Counting Dust Particles in the Atmosphere. He demonstrated the extreme simplicity and rapidity of his method, and pointed out the relation between the number of dust particles and the clearness or fogginess of the atmosphere. A paper was also read from Mr. G. N. Stuart, of the Physiological Laboratory, Owens College, Manchester, on the Resistance in Polarised Nerves where strong Stimuli are used.

Edinburgh Obstetrical Society.

The fiftieth anniversary of the foundation of the Edinburgh Obstetrical Society was celebrated by a dinner on Friday, the 1st inst., in the Victoria Hall, Waterloo Rooms. Upwards of sixty gentlemen were present, the chair being occupied by Dr. C. E. Underhill, the President of the Society. Among the guests of the Society on this occasion were the Lord Provost of Edinburgh, the Presidents of the Royal Colleges of Physicians and Surgeons, the Presidents of the Medico-Chirurgical, Royal Medical, and Glasgow Gynæcological Societies, the Dean of the Medical Faculty, and Professor Sir William Turner. In proposing the "Continued Prosperity of the Edinburgh Obstetrical Society," the chairman gave a sketch of the foundation and history of the Society. He also referred to the interesting fact that six of the original members present at the first meeting were still living among us, and that three of these—Dr. Peddie, Dr. Chas. Bell, and Dr. George Paterson—were present on this occasion. The other toasts were: "The Lord Provost and Magistrates," "The Universities of Scotland," "The Medical Corporations," and "The Kindred Societies."

Edinburgh Association for Incurables.

At the annual general meeting of this Association, which was held in the saloon of the Royal Hotel, Edinburgh, there was a fair attendance. From the annual report it appears that there were 32 male and 33 female patients in the hospital at the close of the year, as compared with 31 males and 32 females at the end of 1887. During the year 24 males and 25 females have been admitted; 21 males and 22 females have died, and 2 of each sex have left of their own accord or been discharged. The hospital has been fully occupied, and the committee have repeatedly been unable

to consider applications for admission on account of there being no available vacancy. The number of applications for admission has greatly increased, there having been 162 during the year, as against 128 in 1887. Of these, however, one-half could not be admitted, and 9 of them had died before vacancies occurred. In 1885 the subscriptions to this excellent institution amounted to £2061; in 1886, £1835 14*s.* 9*d.*; in 1887, £1638 12*s.* 11*d.*; and last year, £1614 8*s.* 10*d.*; while the expenditure had risen from £2455 11*s.* 9*d.* in 1885 to £3090 1*s.* 7*d.* in 1888. This Association has never been one that has pushed itself forward much; and one of the speakers, in support of the motion that efforts be made to provide additional accommodation, will have many to agree with him most heartily in his statement that if the claims of this admirable institution were a little more broadly stated, and were brought a little more prominently before the public, it would perhaps fare a little better. As an outcome of the meeting, a cheque for £500 was handed to the secretary for the benefit of the Association.

The Education of Girls.

Some time ago, Dr. Milne Murray stated that in the Edinburgh girls' schools there was a prevalent neglect of healthy conditions, both as regards excessive work and deficiency of physical exercise. Mr. James Oliphant, M.A., has taken up the subject, and has criticised somewhat severely the present methods of education. He contends that the advocates of the so-called higher education of women are seriously to blame in encouraging the idea that girls should be educated as much as possible, as if they were boys. Until our educational system is much improved, this idea will be fraught with danger to society, both present and future. There is, he maintains, far too little regard to physical conditions; and to remedy this, he thinks that, at the end of each hour of study, physical exercise of some kind or other should be enjoyed by all girls. In the second place, the mental energies are too much taxed, the memory frequently being taxed too severely, and at the expense of the reasoning powers, to develop which but little trouble is taken. The third evil is that the nervous system is often unduly strained by excessive competition, for which evil the promoters of the University local examinations are largely responsible by the encouragement they give to the competitive spirit. Schools could scarcely avoid being made the victims of this system and being forced into a struggle with each other for the favour of a public which believed in results that could be estimated in pounds, shillings, and pence. So long, he said, as parents were encouraged by this scholastic and public opinion, and refused to listen to their physicians, so long would they force teachers to cram their children for competitive examinations, and there was no choice for them (the teachers) but to make the best of a bad situation, and by intervals of physical recreation and rest, and a rational treatment of the subjects to be taught, to try to reduce the dangers of over-pressure to a minimum. It argues well for the spirit in which education is carried on in our schools for girls that one of the head masters should take such a stand.

Edinburgh, Feb. 6th.

GLASGOW.

St. Mungo's College.

The report of the Royal Infirmary gives an account of the steps taken by the managers of the institution to obtain recognition of their medical school under the above title. A Bill which the managers had introduced into Parliament for the establishment of the College was withdrawn, in view of the satisfactory character of the amendments made on the Scottish Universities Bill in the House of Lords, but on the abandonment of the last-mentioned Bill an endeavour was made to obtain some form of incorporation and endowment for the school, so that advantage may be taken of the affiliation clauses of the Bill as soon as it becomes law. At one of the interviews the managers had with Lord Lothian, Secretary for Scotland, his lordship suggested three modes by which incorporation might be obtained—namely, by Act of Parliament, by Royal Charter, and by registration of an association under the Companies Acts. The managers have resolved to adopt the last as the simplest and least expensive, and accordingly propose to form a limited liability company under the title of "St. Mungo's College," for the registration of which, without the addition of the word "limited" to its name, a Board of Trade licence has been applied for, but is opposed by the Senate of the University.

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Glasgow, Feb. 5th.

IRELAND.

(FROM OUR OWN CORRESPONDENTS.)

DUBLIN.

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tion could render material aid to the Irish Association, and that was the superannuation of the union and dispensary medical officers. The poor were entitled as well as the rich to have the most scientific and best practical professional aid, and this could not be obtained without reasonably generous remuneration. At the conclusion of Dr. Moore's address, Dr. Atthill presented an address to the outgoing President (Dr. Mapother), who is about to reside in London, and expressed the regret that was universally felt at his resolve. The address was engrossed in an album, enclosed in an oak casket. In the evening the annual dinner of the Association was held in the College of Physicians, the chair being occupied by Dr. William Moore, Physician to Her Majesty in Ireland.

The late Dr. James Horton Monks.

This gentleman, formerly well known in Dublin as a physician, died on the 30th ult. The deceased some ten or twelve years since lost the sight of both eyes by a railway accident. For his injuries he received a sum of £5000 as compensation, but necessarily had to relinquish the practice of his profession.

Cork Workhouse: Resignation of Dr. Cremen.

Dr. Cremen, who has been one of the visiting physicians of the Cork workhouse during the past fifteen years, sent in his resignation last week. The guardians adopted the following resolution:—"That this Board desires to place on record its deep sense of the ability and kindliness that have distinguished Dr. Cremen during his fifteen years of service at the Union hospital, and direct the clerk to convey to him the regret of the guardians at his resignation and best wishes for his future success and happiness." It is believed that Dr. Cremen's appointment will not be filled up, and that the work is to be divided between the two resident medical officers, who will obtain a slight increase in their salaries.

Sanitary Inspector for Queenstown.

The office of sanitary inspector to examine all vessels entering this port is now vacant, the salary being £400 a year. It is held under the Marine Department of the Board of Trade, and is in the gift of Sir Michael Hicks Beach, the President.

Dublin, Feb. 5th.

BELFAST.

Belfast Hospital for Sick Children.

The annual meeting of this hospital was held on Jan. 25th. During the year 1888 there were 375 in-door and 9306 out-door cases. The staff during the year has been increased by the addition of an assistant physician and an assistant surgeon, and Dr. Sinclair and Dr. J. St. Clair Boyd have been elected to these new posts. During the present winter the senior students are attending the hospital clinics. The ordinary income for the year was £954 16*s.* 3*d.*, the expenditure £974 3*s.* 10*d.* During the past year the wards have been painted and thoroughly overhauled. The total amount of the fund for building the Victoria Convalescent Home (in connexion with the hospital) now reaches £3419 18*s.* 11*d.*, which exceeds the sum upon obtaining which the committee were pledged to begin the work. During the past summer a small cottage was rented in one of the suburbs of Belfast, and here the children were sent for a portion of the year. An annual election took place on Jan. 21st, when Dr. Byers, whose turn it was to resign, was re-elected physician to the hospital.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

Electricity in Phthisis.

DR. LIBERMANN, of Strasburg, proposes a new treatment of phthisis, based upon some entirely original views concerning the etiology of this disease. At one of the congresses for the advancement of science, a few years since, the treatment of phthisis by electricity was brought forward, and since then several experimenters have continued their researches: some having in view the catalytic action of the galvanic current, and more particularly the utilisation of its influence over the vaso-motors; others employing static electricity as electric baths, or as a generator of ozone for inhalation. Dr. Libermann employs the continuous current, but upon totally different theoretical grounds. He maintains that pulmonary phthisis is due to a lesion of the pneumogastric nerves, caused by a cold in predisposed subjects. According to Dr. Libermann, the first stage of the disease, that of congestion of the pneumogastrics, is always accompanied by paralysis of one or both vocal cords. In the second period, miliary granulations appear in the larynx, lungs, and elsewhere. With the third stage, that of proliferation of the connective tissue of the affected nerves, come dyspnœa and hæmoptysis. The last stage of phthisis corresponds to the destruction of the myeline from fatty degeneration. Of course Dr. Libermann denies the specificity of the bacillus, which he says, may be found in simple bronchitis and in catarrhal pneumonia. During the first period described, and which is evidenced by changes in the voice, paralysis of the vocal cord or cords, and pain upon pressure of the pneumogastric nerves, even when there has been hæmoptysis and an inherited tendency to consumption exists, the galvanic current is a treatment of great promise. The positive pole is placed about half an inch above the clavicle, on the inner edge of the sterno-mastoid, over the painful nerve; the negative, over the nerve just below the inferior maxilla. The current should not exceed five or six milliampères or last more than five minutes. If both cords are affected, both nerves should be treated, with an interval of ten minutes between the applications. The voltaïsation, says Dr. Libermann, should be practised twice a day. In the course of a fortnight the changes in the voice disappear, as also the hæmoptysis. The vocal cords recover their tonicity, which is an evidence of the restoration to the normal of the pneumogastrics. In more advanced cases, cod-liver oil with creasote and phosphate of lime are given, and hæmoptysis is checked by perchloride of iron spray. The hæmoptysis, the cough, and the night sweats are also treated by short douches of hot water, followed by a short cold shower-bath.

Strophanthus and Strophanthine.

The discussion on the relative properties of strophanthus and other active plants and their respective alkaloids at the Academy of Medicine has been brought to a close, but the opponents on either side seemed to remain unconvinced. Before leaving the subject, however, Dr. Bucquoy expressed his surprise that Professor Sée should set strophanthine against strophanthus, as the action of these two substances is not at all comparable. For instance, strophanthus diminishes dyspnœa and rapidly and considerably augments diuresis—symptoms on which strophanthine has no action whatever. On the other hand, Professor Sée denies the value of strophanthus in the treatment of cardiac affections. Dr. Bucquoy, however, cited cases, in which the patients, though not cured, were considerably relieved. He had the same results even in three cases of angina pectoris presenting all the classical symptoms of this malady. Professor Sée denied to strophanthus the properties which Dr. Bucquoy attributed to it. It is true, he said, that strophanthus excites urination; but this diuresis is not abundant, and the medicament produces it by causing a veritable nephritis. Dr. Hérard supports the conclusions of Dr. Bucquoy. Dr. Laborde, taking up the subject as an experimenter and physiologist, rejected in a general way the employment of entire plants, and advised the exclusive employment of the active principles which are extracted from them. Drs. Constantin Paul, Trasbot, and Gariel, in reply, observed that we are far from knowing all the active principles contained in a plant, and that, for example, digitaline does not replace digitalis, and narceine does not reproduce the effects of opium in its entirety.

Service de la Santé Publique.

Heretofore the Consultative Committee of Hygiene of France was attached to the Ministry of Agriculture and Commerce, but by a decree of Jan. 5th this department has been transferred to the Ministry of the Interior, and there attached to the Department of the Assistance Publique. Dr. Monod, the director of the Assistance Publique, has been appointed director of both services, which have been amalgamated under the title of Service de la Santé Publique. The Minister of the Interior has made a happy choice in appointing Dr. Monod director of this combined department of health, as he has given more than one proof

of his ability as a sanitarian and his energy as a public officer. A week after the organisation of this new health service, a meeting was held for the first time at the Ministry of the Interior, under the presidency of M. Léon Bourgeois, Under Secretary of State, who on the occasion pronounced a very edifying discourse, in which he dwelt on the importance of the necessity of improved sanitary measures, which, he admitted, were much needed in this country. The following is a brief summary of M. Bourgeois' discourse: "The principal object of the services of public health is a struggle against epidemic maladies, against transmissible maladies. The young, the weak, and the miserable are most frequently the cruel victims of these maladies. To combat the one is to defend the other. The Government of the Republic believes that it has realised an important reform in uniting the services of hygiene and of public assistance. By one and the same act, it thus indicates the direction of public health, unites it directly with the hospital services with which it is in natural and most necessary relation, and places directly at its disposal to aid in their work the councils of departmental hygiene, and the entire apparatus of our prefectoral and municipal administration." It has been remarked by some of the medical journals that this is the first time that the Government has pronounced itself in this country with such distinctness and with such conviction in favour of the efforts attempted by the hygienists and the medical body, against transmissible maladies, and it is predicted that this new arrangement is simply preliminary to the formation of a regular ministry of public health.

The Microbe of Diphtheria.

M. Roux, sub-director of the laboratory at the Pasteur Institute, in conjunction with M. Versin, has succeeded in isolating the generating microbe of diphtheria. They have studied the conditions in which this microbe is developed; and have succeeded in reproducing diphtheritic infection in rabbits, pigeons, fowls, and guinea-pigs. Pushing their experiments further, they have also isolated the poison secreted by the microbe from which are derived all the asphyxic and paralytic symptoms of croup or diphtheria; and it is foreseen that the time is not far distant when prophylaxis by means of inoculation will be established. This discovery will certainly be a great boon, since diphtheria is one of the most cruel maladies which afflict humanity. In the note on this subject by M. Roux, the author further states that all the experiments on animals tend to prove that the microbe of diphtheria develops only on mucous membranes already diseased, and it is probable that this is most frequently the case in man. Hence diphtheria is particularly frequent after an attack of measles and scarlet fever. Hence also a simple sore throat occurring in these maladies should never be neglected; frequent washings of the mouth and throat of children affected with these two diseases should be practised with solutions of carbolic acid. Even in confirmed diphtheria, carbolic acid seems to be the most efficacious antiseptic.

Carbonic Acid as an Anæsthetic.

In operations of short duration, Dr. Voituriez of Lille recommends the employment as a local anæsthetic of solutions under pressure of carbonic acid, the anæsthetic properties of which were made known by Professor Brown-Séquard. Insensitiveness to pain is obtained by the projection at ten centimetres of the contents of from two to three syphons of artificial seltzer water on the limited region of the skin on which it is intended to apply the cutting instrument, and this analgesia persists during four or five minutes. It becomes gradually attenuated, so that one is obliged to have recourse to new irrigations, but this becomes necessary only when the operation is prolonged, and generally about the moment when the sutures are being applied.

Salicylate of Cresol.

At the meeting of the Academy of Sciences Professor Bouchard read a note for Dr. Letzinski of Berne on the salicylate of cresol, which is not soluble, and which is a powerful antiseptic. This medicament has, according to the author, given good results in acute rheumatism. As it is possible to saturate the intestines without inconvenience, and as the microbe of cholera appears to have its principal habitat in the intestines, Dr. Letzinski thinks that this substance may be employed with success in the prodromic period of the choleraic attack. M. Bouchard, however, makes some reserve on this last point, for he does not participate in the opinion of those who hope to cure cholera with antiseptics introduced into the intestines.

Anglo-American Medical Society.

An attempt is being made to resuscitate the Anglo-American Medical Society, which had a short-lived existence six or seven years ago. The chief object is the promotion of professional intercourse amongst American and English practitioners residing upon the Continent, and it is proposed to have a meeting at some time during the Exhibition to arrange matters. Those who may be interested, and who have not received notice, may communicate upon the subject with Dr. Linn, whose address is Rue de la Paix.

Paris, Feb. 6th.

VIENNA.

(FROM OUR OWN CORRESPONDENT.)

The Death of the Austrian Crown Prince.

THE sudden and lamentable death of the Crown Prince has retarded up till now scientific work in Vienna, and a dense gloom has been thrown by this disastrous event over the Austrian medical profession, which was always in warm sympathy with the Imperial Prince and naturalist, who a year ago, while addressing the members of the International Hygienic Congress, gave utterance to the sentiment that "Man is the most precious capital of the State and society." Besides this, the families of several medical practitioners have been cast into deep mourning, the Prince being a near kinsman, on the side of his mother, who is a Bavarian princess, to the Bavarian dukes and physicians Dr. Carl Theodor and Dr. Ludwig. There is no doubt that it was a grave mistake on the part of the officials to conceal the truth in the first instance, and to publish in the official part of the *Wiener Zeitung* on Thursday that the Crown Prince died from *Herzschlag* (cardiac paralysis, apoplexy)—a diagnosis which some time ago was forbidden by an official order to be stated as a cause of death by the ordinary practitioner. The officials would have been better advised had they consulted a medical man as to what they should do, than to proceed arbitrarily in a case which was absolutely a medical one, and could not properly be managed by court officials and ministers. It is owing to the action of the Emperor and to the body-physician, Professor Widerhofer, who declined to sign a wrong statement, that the truth has been published. The post-mortem examination was made by Professor Kundrat (Pathological Anatomy) and Professor E. Hofmann (Forensic Medicine), in the presence of Professor Widerhofer and some court officials. A solution of corrosive sublimate, containing a red dye in solution, was used for injecting the body. It seems from the reports that only the dissection of the head was performed. So far as I am informed, a wound was found nearly the size of a sixpenny-piece, with dark lips, in the right temple over the zygomatic bone, which formed the opening into the skull, and from which star-like fissures radiated. The exit was behind and above the left ear. In the calvaria, two long fissures of the bone could be seen, one running parallel and near to the sagittal, the other near to the coronary suture of the skull, which exhibited abnormal ossification of both these sutures. It is believed that the authentic protocol of the post-mortem examination will be published after the funeral. As to the motive for the rash act, it may only be remarked that the Prince, in whom there were anatomical abnormalities of the brain, as shown by the necropsy, very often lost his temper, and showed signs of neurasthenia, which by some physicians would be considered premonitory symptoms of a grave disease of the brain—general paralysis.

Professor Hofmann on the Post-mortem Examination.

Professor Hofmann, one of the signatories of the opinion published by the *Official Gazette*, in addressing the students of the forensic medicine class, spoke as follows:—"Gentlemen, our labours having been interrupted for some time by the appalling tragedy which has shocked the whole world, I invite you to resume the studies for which we are now assembled as far as it is possible in our mourning for the unfortunate Crown Prince, whose death will cast a gloom over us for a long time to come. I am not authorised to

make known our professional observations at the post-mortem examination, but I consider it due to myself and my position, with regard to the various rumours and versions circulating among the people in the town, to draw attention to the published statement of our opinion, which is absolutely in accordance with the facts, and to state that our opinion is based exclusively on scientific convictions to the best of our knowledge. We have yielded to no influence whatever."

ROYAL COLLEGE OF PHYSICIANS.

AT the adjourned meeting of the Royal College of Physicians, held on Feb. 7th, communications were read (1) from the secretary of the Royal College of Surgeons, concerning the examination in Surgery at the final examination; (2) from the managing director of the Institute of Medical Electricity, requesting the College to appoint a representative to visit and report upon the institution (no action was taken upon this matter); (3) from the Colonial Office, respecting "Blackwater fever." A committee, consisting of Dr. Quain, Dr. Stone, Dr. Dickinson, Sir Joseph Fayrer, and Dr. John Harley, was appointed to report upon this question.

Portraits of the late Sir George Burrows and of Sir William Jenner were then offered and accepted by the College.

After this the following councillors were elected: Sir R. Bennett, Dr. Morgan, Dr. A. J. Pollock, and Dr. Cheadle. The quarterly report of the Finance Committee was then received, showing receipts amounting to £5731, and expenditure of £4273. The report of the Special Committee on the Library was also adopted. The annual report of the examiners was received, and the thanks of the College were conveyed to the committee reporting upon the medical scales of passenger ships.

Dr. Heron's name was added to the Committee upon Leprosy, on account of his bacteriological studies.

Sir Dyce Duckworth's motion authorising the President to invite not more than twelve guests on the occasion of the annual Harveian dinner was seconded by Sir Alfred Garrod, and adopted after some slight discussion.

Dr. Seaton's motion in favour of the appointment of a committee to consider whether and in what way the fever hospitals could be made available for clinical study was seconded by Dr. Samuel West, and resulted in the appointment of the following:—Dr. Buchanan, Dr. Bridges, Dr. Seaton, Dr. Samuel West, Dr. Thorne Thorne, together with the following representatives of the London Medical Schools:—Drs. Gee, Pye-Smith, Ord, Langdon Down, Barlow, Duffin, Douglas Powell, Whipham, Julius Pollock, O. Sturges, and Broadbent.

The meeting adjourned at a late hour.

Obituary.

GIUSEPPE MENEGHINI.

THE training of the physician, according to Celsus, has much in common with the training of the naturalist; so much, indeed, that proficients in the one department find it comparatively easy to attain a mastery of the other. Italy from the earliest times abounds with examples of this observation, but has seldom produced a more striking one than the subject of this notice.

Giuseppe Meneghini was a Venetian by birth, having first seen the light in Padua in August, 1811. He studied the medical sciences in that seat of learning and graduated in medicine and surgery in 1834, on which occasion his thesis "De Axe Cephalo-Spinali" gave more than promise of distinction in biological research. In the same year he was nominated assistant professor of botany in his *alma mater*, and six years later was appointed to the chair of physics in its chemical and botanical relations. This he held with such acceptance that on the professorship of mineralogy and geology becoming vacant in the University of Pisa he was at once selected to fill it, and continued to discharge its duties with brilliant success till his death on the 29th ult.

The mere enumeration of his original and suggestive memoirs and treatises on biological and palæontological subjects fills several folio pages in the catalogues of university libraries in Italy. Hardly a branch of the Italian flora and fauna, whether in geological or historical time, but was enriched by his steady and acute investigation. His "Conspectus Algologiæ Euganeæ" (Padua, 1837), his "Monographia Nostochinearum Italicarum" (Turin, 1846), his work "Sulla Animalità delle Diatomee" (Venice, 1846), his "Paléontologie de l'Ile de Sardaigne" (Turin, 1857), his "Dell' Acido Borico" (Florence, 1866), and his "Monographie des Fossiles, appartenant au Calcaire Rouge Ammonitique de Lombardie et de l'Apennine" (Milan, 1867-79), are a few among scores of his treatises hardly less masterly for originality and research. He was honorary member or corresponding fellow of a multitude of scientific bodies in both hemispheres, and he numbered many friends among contemporary naturalists, the late Sir Roderick Murchison particularly, whose memoir on the geological structure of the Alps, the Apennines, and the Carpathians he clothed in singularly lucid and finished Italian for the benefit of his compatriots.

On Dec. 14th, 1884, the Tuscan Society of the Natural Sciences, whose president he was from its foundation, solemnised the fiftieth year of his professorial life with a public banquet, at which, in presence of the most distinguished naturalists, physicists, and medical men of Italy, he received an address and a gold medal stamped with his likeness in token of the gratitude and admiration of successive generations of pupils. But he did not rgard the occasion as one on which he might gracefully retire from his labours. On the contrary, it seemed to nerve him for fresh achievements, and he died literally at his post, his library table having been found just as he left it the night before, with his books of reference and the papers on which he had entered his last observations lying open upon it. His services to the Pisa School of Medicine and Natural History were equally valuable and varied, the museum, as he has bequeathed it to his successors, being a model of the *lucidus ordo* which characterised all his expositions, whether from the chair or in the fields. His library of 8000 volumes he has left to the Geological Museum of Pisa.

A public funeral of imposing dimensions, at which every scientific body throughout Italy was represented, bore witness to the profound esteem in which he was held by his compatriots. Discourses were pronounced over his grave by the Rector of Pisa University, the Syndic of Padua, and other distinguished personages, all attesting the high achievements in science, the invaluable services in the professorial chair, and the exalted character as a citizen, of the illustrious physician and physicist. His resting-place is in the Campo Santo of Pisa Cathedral—one of the most interesting spots, historically and artistically, in the Italian peninsula,—close to that of Paolo Savi, his beloved friend and coadjutor in many a scientific undertaking.

SYDNEY HOLDER, M.D.

WE have been supplied with the following particulars regarding the late Dr. Sydney Holder, who was drowned in the wreck of the *Priam* near Corunna, while on a voyage to China for the benefit of his health. He was but twenty-six years of age when he met his sad fate, and was a native of Adelaide, South Australia, at which place he took the scholarship of the University. Deceased commenced his medical career in October, 1882, passed his final examination at the College of Surgeons in 1886, took his M.B. in 1887, and his M.D. in 1888. He gained the Atchison prize at University College Hospital and the Fellowes gold medal for medicine, as well as other prizes. Dr. Holder displayed extraordinary promise, and, had his life been spared, would doubtless have gained high distinction in his profession.

ARTHUR HOWARD JACOB, M.R.C.S., I.M.S.

WE notice with regret the death of the above-named gentleman, at the early age of twenty-eight years, at Tounghoo, Lower Burmah, of typhoid fever. Many of his fellow-students at St. Bartholomew's will have not a few pleasant recollections of his geniality and goodness of heart. The

writer of this slight token of respect to him has lately had an opportunity of forming a judgment in these respects. At Netley, and lastly at Tounghoo, he was a universal favourite. His coffin was literally covered with wreaths, and a great many followed him to his last resting-place.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen, having conformed to the bye-laws and regulations and passed the required examinations, have been admitted Licentiates of the College:—

*Anderson, E. C., St. Mary's.
Anderson, J. R., St. George's.
Angear, F. C., Charing-cross.
*Anstie, W. C., Univ. College.
Armstrong, W. E. A., King's Col.
Baines, J. C., Guy's.
*Barton, F. W., Univ. College.
Barton, G., Charing-cross.
Bate, R. F., Charing-cross.
Beach, T. B., King's College.
Beale, P. T. B., King's College.
*Booth, O. M., Leeds.
Braund, A. M., Middlesex.
*Brightman, F., Univ. College.
*Brockway, A. B., St. Thomas's.
Brunton, W. R., Lond. and Dur.
Chaster, G. W., Liverpool.
Clowes, W. F. A., Guy's.
Conway, A., Manchester.
Cook, H. G. G., St. Barthol.
*Cosens, C. H., St. Barthol.
Courtney, G. B., Camb. and St. George's.
Cowen, T. P., St. Thomas's.
*Crossley, A., Guy's.
*Dalton, E. E., Charing-cross.
*Davis, F. L., Bristol.
Deare, B. H., Middlesex.
*Devenish-Meares, A. L., Guy's.
Edwards, H. N., Guy's.
Ehrmann, A., Univ. College.
Evans, H. M., Univ. College.
Ewens, H. L., Dur. and Bristol.
Fagan, A. R. St. L., London.
Farrar, J. F., Univ. College.
Fasnacht, R. E., Charing-cross.
Fowler, C. E. P., St. Mary's.
*Fraser, H., St. Thomas's.
*Fripp, A. D., Guy's.
*Fuller, C. J., Guy's.
Gale, A., University College.
Gervis, H., St. Thomas's.
Gibson, L. P., Middlesex.
Gibson, W., Guy's.
*Green, R. W., Leeds.
*Greenwood, G. S., Leeds.
Gunn, F. W., King's College.
*Hague, J. L., Westminster.
Halliwell, J., Manchester.
Hamilton, B., Bristol & Univ. Col.
Hayward, J. A., St. Barthol.
*Herbert, S., Camb. and King's College.
Hewlett, R. T., King's College.
Higgens, O. E., St. Mary's.
*Hill, J., St. Bartholomew's.
Hodges, A. D. P., London.
*Holderness, J. C., Glasgow.
Hoyle, J. C., St. Barthol.
*Jeeves, J., Char.-cr. and Sheffield.
Johns, H. D., Charing-cross.
*Jones, G. M., Guy's.
Keiffenheim, L. W., Guy's and Durham.
Kidd, H. A., St. Mary's.
Kingdon, E. O., St. Mary's.
Kingsford, A. B., Univ. College.
Knight, H. E., St. Barthol.
Lewitt, F. W., St. Mary's.
Liebstein, D. W., Univ. Coll.
Long, F. T., St. Barthol.
*Lukmani, B. A., Bombay.
MacLeod, H. H. B., King's Coll.
*McOscar, J., Middlesex.
*Martyn, A. L., London.
Milton, F. R. S., St. Thomas's.
Molesworth, W., Durham.
*Nettleship, P. L., St. Mary's.
*Newland, E. O., Guy's.
Newton, H. W., St. Barthol.
*Nicholson, C., Leeds.
Owen, C. A., Calcutta.
*Patel, F. J., Bombay.
Pickard, R., St. Barthol.
Ponsford, P. R., Univ. College.
Poole, K. W., London.
Price, J. D., Guy's.
Reynolds, H. W., St. Barthol.
Roberts, C. H., St. Barthol.
Roberts, E. A., St. Thomas's.
Roberts, K., Bristol.
Robinson, G. H. D., St. Barthol.
Rogers, B. M. H., Univ. Coll.
Sawyer, R. A., Guy's.
*Scratchley, H. W., St. Mary's.
Sharman, H., University Coll.
*Short, J. J., King's College.
*Sieveking, H. E., St. Mary's.
Silva, C. A. de, Ceylon.
*Simpson, C. S., Guy's.
Singh, R. J., Lahore & St. Thos.'s.
Smart, W. P., Guy's.
*Smith, H. A., Leeds.
Smith, H. C., Univ. College.
Smith, J. W., Guy's.
*Smith, J. B., St. Thomas's.
Smith, J. P., Middlesex.
Sprague, W. C., Edinburgh.
*Stocker, E. G., St. Barthol.
Strong, E. H., University Coll.
Style, F. W., London.
*Sweetapple, H. A., Durham.
*Thistle, W. G., Guy's.
Thorpe, W. G., Guy's.
Weary, G. E., St. Thomas's.
*Wheeler, A., Middlesex.
Willson, A., St. Bartholomew's.
*Wright, P. P., Charing-cross.

* Candidates who have not presented themselves under the Regulations of the Examining Board.

UNIVERSITY OF CAMBRIDGE.—At a congregation on Jan. 31st the following degrees were conferred:—

Bachelor of Medicine.—Thomas Ellis Mitchell, Trinity.
Bachelors of Surgery.—Thomas Ellis Mitchell, Trinity; James Niven, Queen's.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At meetings of the Court of Examiners held on the 2nd and 4th inst. the following were admitted Fellows:—

Penrose John Barcroft, Navy Medical Staff.
John Joseph Burgess.

FOOTBALL ACCIDENT.—Mr. H. L. Cawker, of Jesus College, whilst playing a college match at Oxford last week, broke his ankle.

THE PRINCESS ALICE MEMORIAL HOSPITAL.—At the annual meeting at Eastbourne of this institution, it was stated that, owing to the number of cases, the hospital had to be enlarged, for which purpose funds were urgently needed. The Grand Duke of Hesse-Darmstadt, the husband of the late Princess, and others, have subscribed and approved the scheme.

DEATH OF THE HEAD MASTER OF EPSOM COLLEGE.—We regret to have to announce the death, on the 3rd inst., at Epsom, of the Rev. W. C. Wood, M.A., head master of the Royal Medical Benevolent College, at the early age of thirty-nine.

LITERARY INTELLIGENCE.—Mr. G. T. Bettany, M.A., author of "Eminent Doctors," is writing a history of Guy's Hospital. The subscription will be half a guinea, and intending subscribers should apply to 33, Oakhurst-grove, Dulwich.

SANITARY IMPROVEMENTS IN ABERDEEN.—The Improvement Committee of the Town Council has resolved to pull down the whole of the old uninhabitable houses in Gallowgate, between Plasterers'-court and Rhind's-court, with the view of providing open spaces.

ROTHERHAM PUBLIC HOSPITAL AND DISPENSARY.—At the annual meeting, the report for 1888, which showed a balance of revenue over expenditure of £32 1*s.* 8*d.*, was unanimously approved. The total number of patients treated had been 5046, or 357 more than in any previous year.

ROYAL METEOROLOGICAL SOCIETY.—The Council of the Society have arranged to hold, at 25, Great George-street, Westminster, on March 19th to 22nd next, an Exhibition of Instruments connected with Atmospheric Physics invented during the last ten years, especially those used for actinic and solar radiation observations.

THE SOFIA HOME.—The Queen of Sweden's new Home for Sick Nurses—the Sofia Home—now approaches completion. The King and Queen have together contributed 160,000 kroner. As soon as the hospital is completed, their Majesties will hand it over to the Board for the Home for Sick Nurses as a present in perpetuity.

KIDDERMINSTER INFIRMARY.—The committee, in their annual report for the past year, state that since the Children's Hospital had been opened the subscriptions had not proportionately increased. The expenses were necessarily much greater, and an effort should be made to obtain additional public support. An increase of income by about £200 a year was required.

JUBILEE INSTITUTE FOR NURSES.—A petition has been presented to Her Majesty in Council by the Duke of Westminster and others praying for the grant of a charter of incorporation under the name of "Queen Victoria's Jubilee Institute for Nurses," and has been referred by Her Majesty to a Committee of the Privy Council, to whom petitions for or against such grant should be sent on or before March 4th.

KENT AND CANTERBURY HOSPITAL.—The annual report, just published, shows that the income of the hospital from all sources during the past year was £5521 3*s.* 4*d.*, and the disbursements £4374 3*s.* 10*d.* The deficit at the end of the previous year was £939 5*s.* 4*d.* The balance now in hand is £207 15*s.* 1*d.* 818 in-patients had been admitted, an increase of 17 on 1887. The out-patients numbered 1390, and casualties 2664. Of the in-patients 741 were cured or relieved, and 56 had died.

NEWPORT AND COUNTY INFIRMARY.—The annual report, just issued, remarks on the successful opening, during the year, of the Victoria Children's Ward. The year's income had been well maintained, the total amounting to £2218. The expenditure was £2199. The sum received on account of the Ward Fund was £1284 18*s.* 9*d.* In the course of the year the trustees' account had been increased by £1000, of which £500 was paid by Dr. Woollett's executors and £500 by the Newport Waterworks Company. The establishing of a convalescent home in connexion with the infirmary was again urged.

CHILDREN'S HOSPITAL, PENDLEBURY.—The annual report for 1888 shows an increase of 212 in the number of patients treated in the Dispensary, Gartside-street, Manchester, 1344 patients having been treated in the hospital during the past year. The report of the medical board again dwelt on the large mortality of children of not more than six months of age (33 per cent. of the deaths being of this class) and of the abuse of burial societies in connexion with this mortality. The total income had been £7472 14*s.* 7*d.* Structural repairs had caused an outlay of about £600. The amount due to the board on the current account had been increased by £54 18*s.* 9*d.*, and a sum of £929 was owing to the bankers.

THE DRAINAGE OF MARGATE.—The Margate Town Council have, we understand, just signed an agreement with Mr. Baldwin Latham to carry out a complete system of drainage throughout the area, the estimated cost amounting to £48,000.

GRAFTON-STREET HOSPITAL, LIVERPOOL.—The Local Government Board having amended their sanctions in respect to the borrowing of £1000 and £1200 for completing and furnishing the City Hospital, South Grafton-street, the Corporation Hospitals Committee has resolved to recommend the City Council to rescind the resolution of July last, and to place at the disposal of the committee in compliance with the sanctions, the sums respectively of £500 and £17,500.

THE LEAD POISONING EPIDEMIC.—In reference to the lead poisoning in several of the townships around Bradford, Mr. H. C. Steele, medical officer of the Comersal Local Board, has four cases under his care. He has tested samples of water from all the houses in which the disease has appeared, and in each case traces of lead have been discovered in varying quantities. Dr. Robert Forsyth, medical officer of the Birstall and Birkenshaw districts, reports that he has a dozen cases under his charge in the two districts, but none are of a serious nature, and the disease is decreasing in the district.

CHILDREN'S HOSPITAL, BRADFORD.—The governors held their annual meeting at the Town Hall last week The Mayor presided. The record of cases treated during the year was sixty-four; of these, thirty had been discharged cured or greatly benefited. Special reference was made to the grant of £2000 by the trustees of the Bradford Fever Hospital towards the extension account, which would materially aid in the erection of a new hospital. The receipts for the year were £927. The extension account showed a balance at the bank on Dec. 31st last of £6866.

BATH ROYAL UNITED HOSPITAL.—The Mayor, Mr. H. W. Freeman, occupied the chair at the annual meeting of the subscribers, held on the 28th ult. During the past year 1004 in-patients were admitted, an increase of twenty-nine on the previous year; of this number 382 were casualties. The out-patients numbered 7879. The financial statement showed that the total receipts amounted to £7120 3*s.* 8*d.* The chief items were—subscriptions, £2334; donations, £1043; legacies, £2481; and collections £632. After paying the year's expenses, a balance of £359 19*s.* 2*d.* remained in hand.

BRITISH NURSES' ASSOCIATION.—Her Majesty the Empress Frederick of Germany has expressed her desire to become a vice-president of the above Association, of which Princess Christian is the President. This Association was formed nearly twelve months ago to unite nurses together for their mutual aid and professional advancement. Considerably more than 2000 nurses have already become members, and until the end of this year any woman who has been for three years engaged in nursing the sick will be eligible for membership, but thereafter the privilege will be more strictly limited.

BEQUESTS AND DONATIONS TO HOSPITALS.—The late Mr. Alderman Moscrop (ex-mayor of Bolton) has bequeathed £2000 to the Bolton Infirmary.—Miss Ryland, late of Barford, has bequeathed £1000 each to the Queen's and the Women's Hospitals, Birmingham, the Warneford Hospital, the Home for Incurables at Leamington, and the General Hospital, Birmingham, with a further £25,000 to the latter institution on condition that a new hospital be erected within five years.—The Cutlers' Company has made a third grant of ten guineas to St. John's Hospital for Diseases of the Skin, Leicester-square, London.—Mr. David Spencer, late of Coventry, has left by his will £2000 to the Coventry and Warwickshire Hospital, £500 each to the Ladies' Lying-in Charity, Coventry, the Ladies' Union Lying-in Charity, the Coventry Provident Dispensary, the Asylum for Idiots at Knowle, the Convalescent Home at Kenilworth, and the Hospital for Incurables at Leamington, and £250 to the Coventry District Nursing Association.—The late Mr. Laurence Peel, of Sussex-square, Brighton, has bequeathed £500 to the Sussex or Brighton Hospital.—Mr. James Lee, late of Shakerley New Hall, Tyldesley, has left property valued at £500 to the Manchester Royal Infirmary.—The Queen has sent a further subscription of £21 to the East London Hospital for Children.

CERTIFYING FACTORY SURGEONS.—A deputation representing several Chambers of Commerce in Lancashire waited on Wednesday on the Home Secretary, to explain the views of the United Cotton Spinning Association with reference to the question of the abolition of the office of certifying factory surgeon. The deputation, which represented, it was stated, 430 firms, who employed some 30,000 workpeople, urged that the effect of the office was to cripple industry. Mr. Matthews said he hoped the deputation would understand that, though he foresaw difficulties in the way of the proposed change, he was not opposed to the object they had in view, which would have his serious consideration.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

BANKS, W. M., M.D. Edin., F.R.C.S. Eng., has been reappointed Surgeon to the Royal Infirmary, Liverpool.

BERNARD, A., B.A. Dub., M.B., L.R.C.S., L.M. Edin., has been reappointed Honorary Surgeon to the Lock Hospital, Liverpool.

BICKERSTETH, E. R., F.R.C.S. Edin., F.R.C.S. & M. Eng., has been appointed Consulting Surgeon to the Liverpool Royal Infirmary.

BLAKE, C. PAGET, M.D. Edin., F.R.C.P. & M. Lond., L.R.C.S. Edin., has been reappointed Honorary Consulting Physician to the Torbay Hospital and Provident Dispensary.

BRIGGS, HENRY, M.B. and C.M. Edin., F.R.C.S. Eng., has been reappointed Honorary Medical Officer of the Liverpool Hospital for Women.

BURTON, J. E., L.R.C.P. Lond., M.R.C.S., L.F.P.S. & L.M. Glasg., has been reappointed Honorary Medical Officer of the Liverpool Hospital for Women.

BUSWELL, FERBERD RICHARD, L.R.C.P. Lond., M.R.C.S., has been appointed House Surgeon to the Middlesex Hospital.

CALDECOTT, CHARLES, M.B., B.S. Lond., M.R.C.S., has been appointed Junior Assistant Medical Officer to the Holloway Sanatorium Hospital for the Insane, Virginia Water, Surrey.

CATON, RICHARD, M.D., M.B., & C.M. Edin., F.R.C.P. Lond., has been reappointed Honorary Physician to the Royal Infirmary, Liverpool.

CULLINGWORTH, C. J., M.D. Durh., F.R.C.P. Lond., M.R.C.S., has been appointed Visiting Physician to the General Lying-in Hospital, York-road, London, vice Boxall, resigned.

CUMMING, H. GORDON, L.R.C.P. Edin., F.R.C.S. & M. Eng., has been reappointed Honorary Surgeon to the Torbay Hospital and Provident Dispensary.

DAVIDSON, A., M.A., M.D., M.B. Edin., F.R.C.P. Lond., has been reappointed Honorary Physician to the Royal Infirmary, Liverpool.

DAVIES, E. T., M.D., M.B., & C.M. Edin., has been reappointed Honorary Assistant Medical Officer of the Liverpool Hospital for Women.

EDIS, J. B., L.R.C.P., L.M. Edin., M.R.C.S., has been reappointed Honorary Medical Officer of the Liverpool Hospital for Women.

FINCH, THOS., jun., B.A. Camb., M.B., M.R.C.S., has been reappointed Honorary Surgeon to the Torbay Hospital and Provident Dispensary.

GALLOWAY, JAMES, C.M., M.B. Aberd., M.R.C.P. Lond., has been appointed Physician to Out-patients and Pathologist to the Great Northern Central Hospital.

GLYNN, T. R., M.D. Lond., M.B., F.R.C.P., has been reappointed Honorary Physician to the Royal Infirmary, Liverpool.

GOODMAN, ROGER N., M.B. Cantab., has been appointed to a House Surgeoncy at the London Hospital.

GRIMSDALE, T. B., B.A. Cantab., M.B., M.R.C.S., has been reappointed Honorary Assistant Medical Officer of the Liverpool Hospital for Women.

HARRIS, THOMAS. M.D., M.R.C.P., has been appointed Physician in Charge of the Throat Department of the Manchester Royal Infirmary, vice Henry Simpson, M.D., resigned.

HARRISON, R., F.R.C.S. & M. Eng., has been reappointed Surgeon to the Royal Infirmary, Liverpool.

HOGBEN, EDGAR, B.A., M.D. Dub., M.R.C.P. Lond., has been reappointed Physician for Out-patients, Queen's Hospital, Birmingham.

KEELING, J. H., M.D. Edin., F.R.C.S. & M. Eng., L.S.A., has been reappointed Honorary Surgeon to the Sheffield Public Hospital and Dispensary.

LOWNDES, F. W., M.R.C.S., L.M., L.S.A., has been reappointed Honorary Surgeon to the Lock Hospital, Liverpool.

MACREIGHT, W. W., M.D. Glasg., M.R.C.P. Lond., M.R.C.S., has been reappointed Honorary Consulting Physician to the Torbay Hospital and Provident Dispensary.

MARTYN, REGINALD, L.R.C.P. Lond., M.R.C.S., has been appointed Assistant Surgeon at the Devon and Exeter Hospital.

METCALFE, WILLIAM, L.S.A., has been appointed Medical Officer of the Clapham district, Settle Union.

MOYNAN, WM. A., M.D., M.Ch., has been appointed Medical Superintendent of Wyke House Asylum, Isleworth.

NANKIVELL, C. A., M.B. Lond., M.R.C.S., has been reappointed Honorary Physician to the Torbay Hospital and Provident Dispensary.

NEVINS, J. ERNEST, M.B. Lond., M.R.C.S., has been appointed Physician to His Highness the Gaeckwar of Baroda.

PARKER, RUSHTON, M.B. Lond. & B.S., F.R.C.S., has been reappointed Honorary Assistant Surgeon to the Liverpool Royal Infirmary.

PIGGOTT, F. CECIL H., B.A., M.B., B.C. Cantab., has been appointed Surgeon to the Teignmouth Infirmary and Convalescent Home.

POLLARD, W., F.R.C.S. & M. Eng., L.S.A., has been reappointed Honorary Consulting Surgeon to the Torbay Hospital and Provident Dispensary.

POWELL, W., M.B. Lond., F.R.C.S. & M. Eng., L.S.A., has been re-appointed Honorary Physician to the Torbay Hospital and Provident Dispensary.

POWER, C. J., M.A. Cantab., M.D. & M.B. Dub., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer of the Third District, Stroud Union.

PRATT, G. A., M.R.C.S., L.R.C.P. Lond., has been appointed House Surgeon to the Radcliffe Infirmary, Oxford, vice F. S. Arnold, M.B Oxon., resigned.

PRIESTLEY, R.C., M.A., M.B. Camb., M.R.C.S., has been appointed Surgical Registrar to the Hospital for Sick Children, Great Ormond-street.

RIDLEY, J. BROOKE, M.B. & C.M. Edin. Univ., has been appointed Resident Assistant Medical Officer to the Metropolitan Asylums Board Schools for Idiot Children at Darenth, Kent.

SMART, DAVID, M.B. & C.M. Edin., B.Sc., has been reappointed Honorary Assistant Medical Officer of the Liverpool Hospital for Women.

SMITH, E. LAST, L.R.C.P., L.M., L.R.C.S. Edin., has been reappointed Honorary Physician to the Torbay Hospital and Provident Dispensary.

THISTLE, F. J., L.R.C.P. Lond., M.R.C.S., has been reappointed Honorary Surgeon to the Torbay Hospital and Provident Dispensary.

THOMAS, W. R., M.D., M.Ch.Q.U.I., M.R.C.P. Lond., M.R.C.S., has been appointed Honorary Consulting Physician to the Sheffield Public Hospital and Dispensary.

THORPE, G. E. K., M.R.C.S., L.S.A., has been reappointed Surgeon to the Sheffield Public Hospital and Dispensary.

TWEEDDALE, JOHN DUNBAR, M.R.C.S., R.N., has been appointed Acting Health Officer for the Port of Port Philip, and Superintendent of the Quarantine Station, Point Nepean, during the absence on leave of John Henry Browning, M.D.

WALLACE, JOHN, M.D., L.R.C.S. & L.M. Edin., has been reappointed Obstetric Physician to the Royal Infirmary, Liverpool.

WEARNE, WALTER, M.R.C.S., L.S.A., has been reappointed Medical Officer of Health for the Borough of Helston.

Vacancies.

In compliance with the desire of numerous subscribers, it has been decided to resume the publication under this head of brief particulars of the various Vacancies which are announced in our advertising columns. For further information regarding each vacancy reference should be made to the advertisement.

BIRMINGHAM ASYLUM, Winson-green.—Resident Clinical Assistant. No salary, but board, apartments, and washing.

BRISTOL PROVIDENT MEDICAL INSTITUTION.—Medical Officer for the St. George's Branch of the Institution.

DUNMOW UNION, Essex.—Medical Officer, District Hatfield. Parishes: Hatfield Broad Oak, Takeley, and White Roothing. Salary £85, and extras.

EASTERN COUNTIES ASYLUM FOR IDIOTS, Colchester.—Resident Medical Attendant. Salary £100 per annum, with furnished apartments in the asylum, board, and washing.

F. C. A., 10, Synette-avenue, Clapham-common, S.W. — Medical Examiners for a Life Assurance Office.

MANCHESTER MUSEUM (OWENS COLLEGE).—A Keeper of the Museum. Stipend £250 per annum.

OWENS COLLEGE, Manchester.—Lecturer on Skin Diseases.

ROYAL HOSPITAL FOR CHILDREN AND WOMEN, Waterloo-bridge-road, London.—Registrar and Chloroformist.

ST. PANCRAS AND NORTHERN DISPENSARY, 126, Euston-road, London.—Honorary Physician.

TUNBRIDGE WELLS GENERAL HOSPITAL.—Resident House Surgeon and Secretary. Salary £100 per annum, with board, furnished apartments in the hospital, gas, firing, and attendance.

VICTORIA HOSPITAL FOR CHILDREN, Queen's-road, Chelsea, S.W.—Two Assistant Physicians.

Births, Marriages, and Deaths.

BIRTHS.

MASON.—On the 3rd inst., at Abbey Lodge, Barking, Essex, the wife of Hugh Herbert Mason, M.R.C.S., of a daughter.

THOMSON.—On the 29th ult., at Thorpe, Norwich, the wife of D. Thomson, M.D., of a son.

MARRIAGE.

MASON—ANSTIE.—On the 30th ult., at St. George's Church, Hanover-square, David James Mason, M.D. Edin., of Maidenhead, to Mary Blanche, surviving elder daughter of the late Francis E. Anstie, M.D. Lond.

DEATHS.

DRYSDALE.—On the 4th inst., at Cannes, Alfred Edgar Drysdale, M.B., aged 34.

FRANKLYN.—On the 31st ult., suddenly, at Tighnacoille, Ardrishaig, Argyllshire, Surgeon-General Edward James Franklyn, aged 61.

HUNTER.—On the 31st ult., at Portobello, Edinburgh, N.B., J. Dickson Hunter, Esq., Sen. M.D. Edin., younger brother of the late Rev. Oswald Hunter, M.A. Edin., and younger son of the late Oswald Hunter, Esq., M.D. Edin., of the Indian Army, aged 79.

KEITH.—On the 30th ult., at Poona, Surgeon-Major Robert Keith, M.D., son of the late Rev. John Keith, Keith Hall, Aberdeenshire.

SHARPE.—On the 30th ult., at his residence, Charlinch, Woolwich, Alfred Sharpe, M.D., only surviving son of the late Rev. William Sharpe, Fellow of Trinity College, Cambridge, and Rector of Pattiswick, Essex, aged 60.

WEBSTER.—On the 2nd inst., at his residence, Rosebank, Church-road, Upper Norwood, Geo. Edw. Webster, M.R.C.S., aged 62.

WILLIAMS.—On the 3rd inst., at Heathfield, St. Saviour's, Jersey, J. T. Williams, Deputy Surgeon-General, late Madras Army.

WOOD.—On the 3rd inst., at Epsom, Surrey, the Rev. William Cecil Wood, M.A., Head Master of the Royal Medical College, Epsom, aged 39.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

BOOKS ETC. RECEIVED.

BAILLIÈRE, TINDALL, & COX, King William-street, Strand, London.

Roaring in Horses (Laryngismus paralyticus). Its History, Nature, Causes, Prevention, and Treatment. By G. Fleming, C.B., LL.D., F.R.C.V.S. With a Coloured Plate and Wood Engravings. 1889. pp. 160.

Thérapeutique, Ligatures des Artères, Trachéotomie et Laryngotomie. Notes servant à la Préparation de l'Examen du Quatrième Doctorat. Recueillies et publiées par Lewis Nicholas Worthington. 1889.

CHURCHILL, J. & A., New Burlington-street, London, W.

Mayne's Medical Vocabulary. By W. W. Wagstaffe, B.A., F.R.C.S. Sixth Edition, revised and enlarged. 1889. pp. 479.

CLARK, T. S., and Co., London, and APPLETON, A., & Co., New York.

An Illustrated Encyclopædic Medical Dictionary; being a Dictionary of the Technical Terms used by writers on Medicine and the Collateral Sciences. By Frank P. Foster, M.D., and others. Vol. I. With Illustrations. A—Cac. 1888. pp. 752.

FANNIN & CO., Dublin, and BAILLIÈRE, TINDALL, & COX, London.

Transactions of the Royal Academy of Medicine in Ireland. Vol. VI. Edited by William Thomson, M.A., F.R.C.S. 1888. pp. 482.

HIRSCHWALD, AUGUST, Unter den Linden, Berlin.

Klinik der Kinderkrankheiten. Von Dr. A. Steffen. Dritter Band. Krankheiten des Herzens. Mit 52 Holzschnitten. 1889. pp. 427.

LECROSNIER ET BABÉ, Paris.

Œuvres Complètes de J. M. Charcot: Maladies des Poumons et du Système Vasculaire. Tome V. Avec 51 figures dans le texte et 2 planches. 1888. pp. 654.

Recherches Cliniques et Thérapeutiques sur l'Épilepsie, l'Hystérie et l'Idiotie: Compte Rendu du Service des Épileptiques et des Enfants idiots et arriérés de Bicêtre pendant l'année 1887. Par Bourneville, Médecin de Bicêtre, Sollier, Pilliet, Raoult, Internes du Service, et le Dr. Bricon, Conservateur du Musée. Vol. VIII. Avec 271 figures dans le texte. 1888. pp. 268.

MACLEHOSE & SONS, Glasgow.

The Physician as Naturalist. Addresses and Memoirs bearing on the History and Progress of Medicine, chiefly during the last hundred years. By W. T. Gairdner, M.D., LL.D. 1888. pp. 436.

On Syphilitic Affections of the Nervous System: their Diagnosis and Treatment. By T. M'Call Anderson, M.D. 1889. pp. 80.

PIONEER PRESS, Allahabad, India.

Enteric Fever in India. By J. Butler Hamilton, M.D. 1888. pp. 109.

PRINTED FOR THE ASSOCIATION, Philadelphia.

Transactions of the Association of American Physicians, Third Session, held at Washington, D.C., September, 1888. Vol. III. pp. 404.

RENSHAW, HENRY, 356, Strand, London.

Notes on Venereal Diseases. By H. de Méric, Surgeon to the French Hospital, London. 1889. pp. 97.

Fifteen Hundred Cases of Fistula, Piles, and other Diseases of the Rectum. A Review. By Samuel Benton, L.R.C.P., M.R.C.S. Second Edition. 1889. pp. 116, price 2s. 6d.

SMITH, ELDER, & CO., Waterloo-place, London.

St. Bartholomew's Hospital Reports. Edited by W. S. Church, M.D., and W. J. Walsham, F.R.C.S. Vol. XXIV. 1888. pp. 448.

Recent Researches relating to the Etiology of Yellow Fever; by George M. Sternberg, M.D. (W. J. Dornan, Philadelphia, 1888).—The Morton Lecture on Cancer and Cancerous Diseases, by Sir Spencer Wells, Bart., F.R.C.S. (J. and A. Churchill, London, 1889), price 1s.—Index Medicus: Authors and Subjects. Vol. X., No. 12, December, 1888 (Trübner & Co., and Lewis, London).—Travellers' P. and O. Pocket-book, 1889 (published by Street & Co., London), price 2s.—The Question of Irish Home Rule, by a Doctor of Medicine (E. Truelove, London, 1889), price 2d.—Heilkunde und Pflanzenkunde, von C. Gerhardt (August Hirschwald, Berlin, 1889).—Scientific Education and its Influence on Industrial Progress. An Inaugural Address, by Percy F. Frankland, Ph.D., B.Sc. (Lond.), 1889.—Contributions to the Anatomy and Pathology of the Thymus Gland; by A. Jacobi, M.D. (W. J. Dornan, Philadelphia, 1888.)—Die Harnröhren-Strictur, ihre Diagnose und Behandlung; von E. Distin Maddick, F.R.C.S. Ed.; mit Genehmigung des Autors aus dem Englischen übersetzt von G. Neack; mit 32 Holzschnitten (Tübingen, F. Pietzcker).—Magazines for February: Good Words, Sunday Magazine, Scribner's.

Medical Diary for the ensuing Week.

Monday, February 11.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations daily at 10 A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.
CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M.; Thursday, 2.30.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.; Tuesday, 2.30 P.M.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and each day in the week at the same hour.
SOCIETY OF ARTS.—8 P.M. Mr. W. J. Linton: Wood Engraving. (Cantor Lecture.)
MEDICAL SOCIETY OF LONDON.—8.30 P.M. Prof. Annandale (Edinburgh): (1) The Excision of Bone in order to Promote the Healing of certain Wounds and Ulcers, or to Relieve Excessive Contraction resulting from the Process; (2) A case in which long-standing Gastric Symptoms were Completely Relieved by Abdominal Section and the Drawing up of Depressed Ensiform Cartilage.—Mr. F. B. Jessett: On a New Method of Securing the Lingual Artery in Removing the Tongue.

Tuesday, February 12.

GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at the same hour Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.
CANCER HOSPITAL, BROMPTON.—Operations, 2 P.M.; Saturday, 2 P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday, 2.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M. Throat Department, Tuesdays and Fridays, 1.30 P.M. Electro-therapeutics, same days, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. G. J. Romanes: Before and after Darwin.
ANTHROPOLOGICAL INSTITUTE OF GT. BRITAIN AND IRELAND.—8.30 P.M. Dr. John Beddoe: Human Remains discovered by General Pitt-Rivers at Woodcuts, Rotherley, &c.—Mr. Bernard Hollander: A Demonstration of Centres of Ideation in the Brain.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8.30 P.M. Dr. R. Douglas Powell, Mr. R. J. Godlee, and Mr. H. H. Taylor: On a case of Actinomycosis Hominis. Prof. Crookshank will during the evening give a Microscopic Demonstration of the Fungus, and a number of Specimens will be exhibited.—Dr. T. J. Walker: On the Clinical Significance of Colourless or Clay-coloured Stools unaccompanied by Jaundice, and their Connexion with Disease of the Pancreas, and on the part played by the Pancreas in Eliminating Bile from the Intestines (communicated by Sir Andrew Clark).

Wednesday, February 13.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday same hour. Ophthalmic Operations, Tuesday and Thursday, 1.30 P.M. Surgical Consultations, Thursday, 1.30 P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.
LONDON HOSPITAL.—Operations, 2 P.M.; Thursday & Saturday, same hour.
GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.
KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.; Friday, 2 P.M. Saturday, 1 P.M.
CHILDREN'S HOSPITAL, GREAT ORMOND-STREET.—Operations, 9.30 A.M.; Surgical visits on Wednesday and Saturday at 9.15 A.M.
EPIDEMIOLOGICAL SOCIETY OF LONDON.—8 P.M. Mr. Victor Horsley: Rabies, its Treatment by M. Pasteur and the Method of its Detection in Suspected Cases.
HUNTERIAN SOCIETY.—7.30 P.M. Annual General Meeting. 8 P.M. The Oration by Dr. Herman.
ROYAL MICROSCOPICAL SOCIETY.—8 P.M. Annual Meeting.
SOCIETY OF ARTS.—8 P.M. Mr. Peter Lund Simmonds: Salt, its Production and Consumption at Home and Abroad.
BRITISH GYNÆCOLOGICAL SOCIETY.—8.30 P.M. Specimens will be exhibited by Mr. Lawson Tait and Dr. Bantock. Dr. Richard T. Smith: On a case of Hystero-epilepsy.

Thursday, February 14.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Surgical Consultations, Wednesday, 1.30 P.M. Ophthalmic Operations, Friday, 1.30 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. J. W. Judd: The Metamorphoses of Minerals.
THE SANITARY INSTITUTE (Parkes Museum, 74A, Margaret-st., W.).—5 P.M. Dr. B. A. Whitelegge: Notification of Infectious Diseases.
HARVEIAN SOCIETY OF LONDON.—8.30 P.M. Dr. Sidney Phillips: Some Points in the Study of Pyrexia.—Mr. Wm. Hill: On Two exceptional cases of Diphtheria with Patches in the Perineum.

Friday, February 15.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
SOCIETY OF MEDICAL OFFICERS OF HEALTH.—7.30 P.M. Dr. Neil Macleod and Mr. Walter J. Mills: An Inquiry into the Causation of Asiatic Cholera (with experiments on Animals by the former).
SOCIETY OF ARTS.—8 P.M. Mr. G. Skelton Streeter: The Ruby Mines of Burmah.
ROYAL INSTITUTION.—9 P.M. Prof. A. W. Rücker: Electrical Stress.

Saturday, February 16.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Ernst Pauer: The Character of the Great Composers and the Characteristics of their Works. (With Illustrations on the Pianoforte.)

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, February 7th, 1889.

Date.		Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Maximum Temp. Shade.	Min. Temp	Rainfall.	Remarks at 8.30 A.M.
Feb.	1	29·82	S.W.	53	51	..	58	45	·08	Overcast
,,	2	29·73	W.	40	36	83	45	36	·02	Bright
,,	3	29·25	S.W.	38	35	61	44	33	..	Cloudy
,,	4	29·83	N.	37	35	..	38	35	·27	Cloudy
,,	5	30·29	W.	32	..	55	42	30	·04	Overcast
,,	6	30·00	W.	42	40	53	47	32	·03	Overcast
,,	7	29·56	N.E.	38	37	62	43	37	·37	Raining

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editors."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news paragraphs should be marked and addressed to the Sub-Editor.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "to the Publisher."*

We cannot undertake to return MSS. not used.

THE COUNTY COUNCILS.

WE shall be glad to receive for publication the names and addresses of all members of the medical profession who have been elected as councillors or aldermen in the various County Councils throughout the kingdom.

M.B. Lond.—It is not easy to answer the question in England. The scale of regular pay is laid down, and all candidates can obtain it at the office of the Military Secretary, Downing-street. The pay of special appointments is also mentioned; but when any officer is to obtain one of those appointments is determined in India, not here, and is decided by the authorities in the Presidency to which the officer belongs.

Inquirer.—We must adhere to our rule.

THE QUESTION OF TITLES.

To the Editors of THE LANCET.

SIRS,—Will you allow me to give expression to my personal views on the question of "Dr." or "Mr." as used by dental surgeons?

I do not consider that any dental surgeon, however highly qualified as such, has any right, moral or legal, to use the title of "Doctor," unless he possesses, in addition to the L.D.S. or other registrable dental degree or licence such a medical degree (M.D.) as entitles him to be placed upon the Medical Register, and to use such title or description as shall imply that he is a registered person. I am willing to admit that in certain countries, such as America, and in certain districts of Scotland and Ireland, the law of "custom" permits the use of the title "Doctor" by practitioners of surgery and its branches; but even in such places it is a matter solely for the judgment of the individual himself whether he cares to be so designated, even if legally qualified as an "M.D." Looking upon dentistry as a branch of surgery, I venture to contend that the above expression of opinion applies to those who practise it in England or elsewhere. In conclusion, I would only say that, in my individual opinion, no degree or diploma in dental surgery—be it D.D.S., D.M.D., or L.D.S.—gives any prescriptive rights beyond that of placing its possessor on the Dental Register, providing that the College granting it is duly recognised by the Medical Council of Great Britain.

I append the extract from the Medical Act to which I refer.

I am, Sirs, yours truly,

Brook-street, W., Jan. 21st, 1889. S. J. HUTCHINSON.

"Any person who wilfully and falsely pretends to be, or takes or uses the name or title of a physician, doctor of medicine, licentiate of medicine and surgery, bachelor of medicine, surgeon, general practitioner or apothecary, or any name, title, addition, or description implying that he is a registered person, or that he is recognised by law as a physician, a surgeon, a licentiate in medicine and surgery, or a practitioner in medicine, or an apothecary, may, upon a summary conviction, be fined a sum not exceeding £20."

AMBULANCE CLASSES AT WORKING MEN'S CLUBS.

MR. HODGSON PRATT, President of the Working Men's Club and Institute Union, 150, Holborn, E.C., renews an appeal made by him in our columns two years ago, asking young medical practitioners to render a very great and generous service—viz., to give their services as honorary teachers of ambulance classes at working men's clubs, with a view to enabling the members of such clubs to pass the "first aid" examinations held by the St. John Ambulance Association. Replies should be sent to Mr. J. J. Dent, the secretary of the Union, stating what district in London could be conveniently covered by the gentleman volunteering. Travelling expenses will be allowed in all cases.

M.R.C.S., L.R.C.P.—It is impossible to prevent patients changing their medical adviser when they please to do so; but medical men should not readily assume that patients are anxious to make such a change, and should have direct and formal intimation of it before proceeding to visit those whom they know to have been recently attended by others. Dr. H—— would have done well to require such a direct message.

MEDICAL PRACTICE IN AUSTRALIA.

To the Editors of THE LANCET.

SIRS,—I have seen more than once inquiries on the above, and as I have travelled through the greater part of New South Wales and Victoria, I thought my observations might be of use by way of answer.

There is, of course, the practice of the capitals, which brings large results and requires more show than in England; and I am of opinion that any good man, with a slight introduction, who can afford to live in a good position and keep up a showy appearance for a year or two must succeed. Practices of the larger towns, such as Ballarat, combine the town and country practice; but it is of the latter I will write, as being probably of more useful information. All the towns, whatever their size, have several clubs—e.g., Australian Natives Association, Foresters, Oddfellows, &c. These clubs, on starting, advertise for a medical officer to tender for attendance on wife and family, including medicine. From ten to twenty usually apply. I know of a club near Melbourne that received amongst its tenders two from medical men who offered their services gratuitously for six months. The usual price is £1 per annum per member, of which the doctor has to pay the chemist 5*s.* per annum for dispensing. This includes all medical attendance upon the whole family, except confin ments, which are fixed at £3 3*s.* The sum varies slightly, but the above is the average. To show how seriously this is abused, I must mention that anyone can be admitted to a club. Consequently it is usual to find the leading townspeople—solicitors, bankers, and tradesmen—members. These are, of course, the backbone of a practice, and they are content that their doctor should receive 15*s.* per annum clear! I write from practical experience, and can affirm that in one case where the club doctor was not appreciated the opposition doctor's midwifery fee was £10 10*s.* not a mile from his residence. I should also mention that the clubs protect themselves by requiring a medical examination from the man member, but ignore entirely the state of health of his family; hence some men with a sickly family join a club to save a doctor's bill. I venture to say that such a state of affairs in a country like Australia, where money is relatively much cheaper, is a disgrace both to those who accept such charity and to those who give it. So much for competition and the want of union amongst medical men here. I have endeavoured to ascertain how this has arisen, and this seems to be the cause. Some twenty or thirty medical men have told me they never charge less than 10*s.* 6*d.* for consultation or visit in the town. Now, this is too much for all sorts and conditions of men, especially in long illnesses; hence the combination against the doctors. Practices are rarely purchased; the population is more floating, and the price paid is far less than in England, and one runs a considerable risk of the practice being "jumped"—i.e., another practitioner settling down and running one on equal terms. Usually a doctor secures one or two clubs or a hospital appointment. He advertises in the local paper that Dr. A. B—— has commenced practice in C——, and an operation of much or little magnitude finds it way into the local paper—*c'est tout*. When he feels his footing he gives up the clubs, and is probably thought more of for so doing. I enclose you some cuttings from Melbourne papers. You will see there are plenty of qualified advertisers. One lay paper teaches medical men what they should do when they contract puerperal fever!—I am, Sirs, yours obediently,

Melbourne. W. P.

ORGANISMS AND DISEASE.

Dr. Alfred Carpenter is thanked for his letter. The article referred to was in the main a condensation of Prof. Koch's remarks. Certainly there was no intention of conveying the idea that the views concerning the particulate nature of infection were novel. As to the possibility of there being transitions between non-pathogenic forms and pathogenic, Prof. Koch is an advocate of the "immutability" doctrine, although he would not deny the likelihood of such a transition occurring in the slow process of evolution. The attenuation of virus is hardly a case in point.

Peregrinus.—The fees paid to medical men for attending and giving evidence at assizes are £1 1*s.* for each day of attendance and 2*s.* for each night they are away from home. Second-class travelling expenses by rail are allowed. Hotel expenses are not allowed. Sunday is a dies non as regards the remuneration of medical witnesses.

"MEDICAL PROSPECTS AND BRITISH WAILS."

IN an article thus entitled, the *Medical Record* (Jan. 26th, 1889) dwells on the recent correspondence in THE LANCET and other journals this side of the Atlantic which went to show how greatly the present day practitioner is handicapped in his calling, and how scanty is his income when compared with the comparative affluence of doctors in the good old times. The *Record* thinks these pictures have been overdrawn, and hints that energy and ability need never be doubtful of success. "Dunces, idlers, and even those handicapped by some physical weakness, are certainly ill-advised to choose the medical profession for their life-work. But the absence of the necessary qualifications to make a prospectively useful physician ought to be apparent before the termination of the medical curriculum." And our contemporary further thinks that there is too much tendency to regard "success" as the growing rich by medical practice. It concludes by quoting, for the benefit of the English writers, some passages from a recent address by Dr. Joy Jeffries, with which, so far as they go, we see no ground for disagreeing. He points out that "it is useless for us to contend with trade or business, either in earning a living or in the accumulation of money. Our profession is most essentially not a trade. Those in it who attempt to make it so but lower themselves to the level of trade, or simply money-making. Our calling belongs to that department of man's work recognised as scientific, or knowledge-seeking. We are simply men of science—that is, men of knowledge and its pursuit, the attainment of which is to benefit other people primarily. Now, the world over, men who give themselves up to the pursuit of knowledge have been considered as worthy of only so much of this world's goods as will simply keep them bodily in a condition to work with their brains and hands in science-seeking." Cold comfort this to the struggling practitioner in a crowded city with many dependent on him for their means of existence! And yet there is truth in these further remarks from the same address, which are almost as applicable to Great Britain as they are to the States:—"The young man in this country who wants to go into medical trade thinks he has only to learn a little and get his diploma as he would fit up a grocery shop. The community thinks so too. The so-called medical colleges scattered over the country are ready to help him for the fees he can scrape together to pay them. This tradesman opens his shop for custom, and the world looks upon and patronises it like any other shop. But in medicine, as in all the true professions, work but commences with the responsibility of occupation, and never ceases while that lasts. Better for a man if it lasts through his life."

M.E.—1. Without more definite information as to the condition of the joint as regards sinuses, amount of pain caused by the disease, and temperature, it is not possible to estimate the effect on the condition of the child of this local disease.—2. The proper course would have been to inform the medical officers of the post-mortem examination, and to have invited their attendance.—3. To warrant the conclusion the fullest evidence was essential, which in this instance was not asked for. From the report received great care appears to have been taken by the medical officers.—4. The better plan would be to refuse a report, unless the request be accompanied by a fee.

L.R.C.P.—In order to practise in Buenos Ayres a somewhat severe examination has to be passed.

HÆMORRHAGE IN SALICYLISM.

To the Editors of THE LANCET.

SIRS,—In THE LANCET for last week Mr. Benthall asks me whether I have observed any difference between the natural and artificial preparations of salicine in their liability to produce unpleasant symptoms. The only two preparations which I have seen largely given are the natural salicine and the salicylate of soda that is artificially prepared by a patent process in Germany. Of these the soda salt undoubtedly is more apt to cause delirium and hæmorrhages, and, I believe, just so much more apt as it is more powerful to relieve patient suffering from rheumatic fever. Natural preparations other than salicine, such as Mr. Benthall uses, may combine the greatest anti-rheumatic properties with the least tendency to poison; and on this point, with him, I should be glad to hear the experience of other observers. At present the conclusion I would draw is, not that we should give up the cheap and effective "chemical" preparations, but, while using them, we should watch with care for indications that the patient is getting under the influence of the drug, and make an appropriate diminution in the dose. I am, Sirs, yours faithfully,

St. Thomas's-street, Feb. 4th, 1889. LAURISTON E. SHAW.

BELL'S SYSTEM OF SURGERY.

R. H. B. would be glad to be informed of the value of Benjamin Bell's System of Surgery (illustrated), 100 years old. He has it complete in six volumes, bound in calf, and in an excellent state of preservation.

Statique is referred to our advertising columns.

Dr Colman.—As early as is possible.

LEAD CONTAMINATION OF WATER-SUPPLY.

IN reference to the recent announcements of lead poisoning in Bradford and elsewhere through contamination of the water-supply, Mr. George Hall, A.R.I.B.A., writes to us to point out that the water of peaty soils, being highly charged with organic matter, is particularly liable to dissolve lead, and he makes, further, the following interesting statements:—"There are, moreover, grave reasons for doubting the wisdom of drinking peaty waters, unless previously purified. The death-rates indicate that danger is lurking in the practice of importing these waters for public service; for instance, the high death-rate of Plymouth, as compared with Portsmouth, is probably due, at least in part, to the fact that the inhabitants of the former town drink soft peaty waters, and the latter deep chalk waters. I could instance many towns supplied with peaty water which have high death-rates. It behoves such places as are now being supplied with peaty waters to purify them by efficient filtration in order to reduce this danger to a minimum. Mere sand filter beds *will not* remove either dissolved peat or dissolved lead from water. There is, however, a material recently introduced and known as 'polarite,' which effectually deals with these two forms of deleterious dissolved matter. This substance acts, so far as the removal of organic matter is concerned, by virtue of the oxygen which becomes condensed within the material and is renewed from the air and from the oxygen naturally dissolved in all drinking waters. Consequently it acts only as a carrier, bringing oxygen into immediate contact with the peaty infusion, and absolutely burning it up. Lead also is absolutely removed by this 'polarite'; the existence of this material, therefore, cannot be too widely known in all places where soft peaty waters are supplied. Polarite (or magnetic spongy carbon) has, I believe, lately been selected by the Government as the most powerful filtering medium known, and is sufficiently cheap to be used in all filter beds."

Justitia (Rangoon).—1. Certainly not. The degree of Brussels by itself does not enable its holder to claim any fees at all in England, much less higher ones than licentiates of the various Colleges of Physicians and Surgeons of Great Britain and Ireland can claim.—2. There is no court or college decision of respective ranks, but the British degrees generally would be preferred.—3. He is entitled to place "Doctor" before his name.

Mey will find the information in our Students' Number, published on Sept. 8th last.

TURPENTINE IN POST-PARTUM HÆMORRHAGE.

To the Editors of THE LANCET.

SIRS,—For some years I have used spirit of turpentine in post-partum hæmorrhage, and in every case with the best results. When the ordinary means—i.e., friction over the uterus, irritation of the uterus by introduction of the fingers, cold, hypodermic injection of ergotinine, &c.—failed, by saturating a piece of lint with the turpentine, and introducing it in my hand into the uterus and holding it against the walls, rapid contraction took place, and all hæmorrhage instantly ceased. In one or two cases, when the patient was almost pulseless, it seemed to act as a stimulant. On no occasion did its action fail or did it cause the slightest inconvenience, except in one, when the side of the patient's thigh was slightly blistered by some that came in contact with it, but it gave very little annoyance. I consider it is much quicker and surer in its action than any other remedy; and does not cause any injurious result, and is much more easily applied. In country practice, getting hot water or using injections often means loss of valuable time. I will be glad to know if any of your readers have tried turpentine in such cases, and with what effect.—I am, Sirs, yours faithfully,

Longford, Jan. 21st, 1889. N. MAYNE.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Tooth, London; Mr. T. Holmes, London; Dr. J. Harley, London; Mr. C. Heath, London; Mr. S. Snell, Sheffield; Dr. Cheadle, London; Mr. E. Owen, London; Dr. A. E. Garrod, London; Dr. Travis; Dr. Alfred Carpenter, Croydon; Mr. V. Horsley; Dr. Boobbyer; Mr. Wickham Barnes, London; Dr. A. Bell, Coleshill; Mr. Stempel; Mr. Nelson Hardy, Dulwich; Mr. E. Scott, Northampton; Dr. Milne Murray, Edinburgh; Dr. J. C. Renton, Glasgow; Mr. F. W. Jollye, Warminster; Dr. Norman Dalton, London; Dr. Hughes Bennett, London; Dr. F. W. Mott, London; Mr. Stokes, London; Messrs. Brady and Martin, Newcastle-on-Tyne; Mr. Chesshire, Birmingham; Dr. More Madden, Dublin; Dr. Gowers, London; Dr. Carr, London; Mr. Vose Solomon, Birmingham; Messrs. Samuel Brothers, London; Mr. Haley Burton; Dr. Haslam, London; Mons. C. Henry, Paris; Dr. Beavan Rake, Trinidad; Dr. J. Oliver, London; Dr. Sympson, Lincoln; Dr. A. Duke, Dublin; Dr. R. J. Lee, London; Dr. Hudson, Leeds; Mr. W. Bennett, London; Mr. Littlewood, Leeds; Dr. C. F. Hutchinson, Monte Carlo; Dr. Bateman, London; Mr. J. Death, London; Dr. A. Donald, Manchester; Mr. J. S. Langdon, Seville; Dr. W. R. Smith London; Mr. Bowlby, London; Dr. L. E. Shaw, London; Dr. Z. F. Pearse, London; Dr. Whittle, Brighton; Mr. Bell, Notts; Mr. S. J. Hutchinson, London; Mr. R. W. Lloyd, London; Mr. J. A. Cones, London; Mr. Walker, Spondon; Mr. A. Lane, London; Mr. Dacosta, Philadelphia; Mr. Gell, Birmingham; Mr. Gray, Walsall; Mr. Turner, Colchester; Mr. Beattie, Auldairth; Mr. Cook, London; Mr. Ogan, Ireland; Mr. Duncan, Glasgow; Mr. Mason, Barking; Mr. Hillier, Tunbridge; Mr. Beddoes, Balham; Mr. A. R. Willson, Oxford; Mr. G Samuelson, Devizes; Mr. Tyghe, Minchinhampton; R. M., London; Justitia, Rangoon; F.R.C.S.; M.B.; Medicus, Liverpool; Matron, Ryde; A. M., London; B. A., London; J. D., London; H., Burnley; J. H.; Peregrinus; R. H. B.; M.R.C.S., L.R.C.P.

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Manchester Examiner, New York Herald, Liverpool Daily Post, Reading Mercury, Greenwich and Deptford Echo, Mining Journal, Herald and Weekly Free Press, North Star, Surrey Advertiser, Nottingham Daily Express, Dundee Advertiser, Hertfordshire Mercury, Sheffield Daily Telegraph, Bucks Herald, &c., have been received.

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